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James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, January 6, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 302  
San Francisco, CA 94102

GOVERNMENT  
DOCUMENTS DEPT

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 2, 2008  
*\*Minutes of the meeting of December 2, 2008*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) PROPOSED ACTION: APPROVAL OF A RESOLUTION HONORING AND ACKNOWLEDGING NORMA HOTALING AND THE ONGOING WORK OF S.A.G.E.  
*\*Proposed Resolution*
- 5) FOR DISCUSSION AND PROPOSED ACTION: HEARING TO CONSIDER THE DEPARTMENT OF PUBLIC HEALTH'S MID YEAR BUDGET REDUCTIONS ELIMINATING OR REDUCING MEDICAL SERVICES (BEILENSON HEARING)  
*\*Beilenson Notice & Proposed Resolution*
- 6) GENERAL PUBLIC COMMENT\*\*





- 7) **OTHER BUSINESS\*\*\***
- 8) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE COMMITTEE REPORTS**
- 9) **ADJOURNMENT IN MEMORY OF NORMA HOTALING**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

#### **Accessible Meeting Policy**

San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22<sup>nd</sup> Street. There is a direct phone link located at the elevator for those who require assistance. There is accessible parking in the San Francisco General Hospital I Lot, which is adjacent to Carr Auditorium, and also on 22<sup>nd</sup> Street. The Hospital is accessible by wheelchair-friendly MUNI lines #9 San Bruno, #9X San Bruno Express, #19 Polk (stops 2 blocks away, #33 Haight Ashbury and #48 Quintera. For further information regarding MUNI transportation, please call 923-6142, 673-MUNI and 923-6366 (TDD).

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

#### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

#### **San Francisco Lobbyist Ordinance**





Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, January 6, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 302

San Francisco, CA 94102

#### 1) CALL TO ORDER

President Illig called the meeting to order at 4:05 p.m.

Present: President James M. Illig  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Ph.D.  
Commissioner Steven Tierney, Ed.D.

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Absent: Vice President Sonia E. Melara  
Commissioner Edward A. Chow, M.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 16, 2008

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney) voted to approve the minutes of the meeting of December 16, 2008 without modifications.

#### 3) DIRECTOR'S REPORT

##### **Judge Dismisses Tobacco Suit**

On Friday, December 18, Judge Peter Busch of San Francisco Superior Court dismissed a suit by Walgreens which complained about the law's exemption for supermarkets and big-box retail stores

that have pharmacies. Judge Busch's ruling said that the City's position that selling tobacco products in stores where customers go to improve their health sends the wrong message about the acceptability of smoking. That was a reasonable basis for prohibiting sales in stores such as Walgreens while allowing them in other stores that have pharmacies. The same judge issued a similar ruling in September when he denied an injunction that would have prevented the Ordinance from taking effect on October 1.

As the Commissioners recall, a federal judge last month rejected Philip Morris' claim that the ban on tobacco sales violates the firm's constitutional right to communicate with its customers by advertising and selling its products.

The Ordinance, the first of its kind in the nation, prohibits sales of cigarettes and other tobacco products in nearly 60 drugstores throughout the City. Both Walgreens and Philip Morris say they will appeal the rulings.

### **Healthy SF Named in Top 10 Policies of the Year by DMI**

The Drum Major Institute for Public Policy (DMI) has named Healthy San Francisco as one of the **Top 10 Policies of the Year** in their 2008 *Year in Review*. In compiling their *Year in Review*, the DMI analyzed public policy at all levels of government around the country.

I thought the Commissioners would be interested in reading the entire statement from DMI regarding Healthy San Francisco.

"Everyone gets to see a doctor. Not just an overworked E.R. staffer who will see you after a five hour wait when you're facing a medical crisis, but a primary physician who can provide routine preventive care as well as treatment when you get sick. That's the ideal at least, and San Francisco is moving towards it more swiftly than anyplace else in country. Uninsured city residents can enroll in the Healthy San Francisco program for a sliding-scale fee based on income. Once enrolled, participants pick a "medical home" from any of the 27 participating public and non-profit health clinics throughout the city. Participants still don't have insurance that will follow them throughout the country and the world, but they do have regular access to health care at home by the Bay. Yet that's just part of the program. The other component, in effect for the first time in 2008, requires that all city employers with more than 20 workers contribute at least \$1.17 per hour worked per employee to pay for health care. Employers can put the cash toward private insurance. They can contribute it towards the city clinic system. Or they can set up health care accounts. But they can't avoid making some provision for their employees' health. Employer groups sued to stop the plan, but lost in court. As of October, nearly 31,000 San Francisco residents – out of an estimated 73,000 who were uninsured – get to see a doctor whenever they need to. For an innovative approach to expanding health coverage, Healthy San Francisco gets a hale and hearty place on our best of 2008 list."

The Drum Major Institute for Public Policy is a non-partisan, non-profit think tank. To read more about the best in public policy go to, <http://www.drummajorinstitute.org/library/report.php?ID=78>.

### **Blue Shield of California Foundation Awards Grant to Healthy SF**

The Blue Shield of California Foundation, Blue Shield's philanthropic arm, has awarded \$300,000 to the San Francisco Department of Public Health to evaluate the cost effectiveness of Healthy San Francisco. We are grateful to the Blue Shield Foundation for their focus on increasing access to health care and coverage, their support for safety net services and for their commitment to work toward long-term change to our health care system.



### **Project Homeless Connect Update**

On December 3, 2008 San Francisco's Project Homeless Connect (PHC) held its twenty-fifth event at Bill Graham Civic Auditorium, sponsored by Kaiser Permanente. As has become the custom, PHC provides an opportunity for individuals experiencing homelessness to access services such as medical care, mental health and substance abuse treatment, benefits, legal support, dental care, shelter, eyeglasses, food, and more. On this one single day more than 1,900 individuals came to seek services provided by over 1,200 volunteers.

In the 2008 calendar year, Project Homeless Connect:

- attracted 5,407 unduplicated consumers and 3,296 volunteers
- 711 individuals were screened for Benefits (General Assistance, food stamps SSI, etc)
- 122 individuals received acupuncture treatments
- 848 individuals received medical care
- 303 individuals received dental procedures
- 389 individuals received employment screens
- 1,571 individuals received eye exams and eyeglasses
- 48,353 lbs of groceries were distributed
- 163 individuals received HIV tests
- 1,082 DMV IDs were issued
- 676 individuals received legal counseling
- 410 individuals received substance abuse, mental health and methadone treatment

In total, 329 individuals were off the streets after placement in shelter, stabilization housing, residential treatment and participation in the Homeward Bound program. The next PHC is scheduled for Wednesday, February 11, 2009 at Bill Graham Civic Auditorium. Other scheduled dates for 2009 are April 8, June 5, September 9 and December 9. We would be happy to arrange for any of the Health Commissioners to attend PHC as a volunteer or an interested observer.

### **Homeless Count Looking for Volunteers**

The Human Services Agency is looking for volunteers to help with the annual Homeless Count on Tuesday, January 27, 2009 from 7 p.m.-midnight. Call the volunteer hotline at 415/558-2346 for more details.

### **SFGH to Host Breast Cancer Prevention Forum for Younger Women**

I am pleased to share the details for the *Breast Cancer Prevention Community Education Forum for Young Women*, hosted by SFGH Avon Breast Care Program and Zero Breast Cancer. The forum is scheduled for **Saturday, February 7, 9 a.m. – 2 p.m., Carr Auditorium at SFGH**. This forum will bring together women's health leaders, clinical experts, breast cancer educators, advocates and young women to discuss and learn about the latest in breast cancer prevention issues specific to women under the age of 40. The honorary spokesperson for the forum will be Janelle Wang from *View from the Bay*. A flyer with details is attached to the Director's Report.

#### **4) APPROVAL OF A RESOLUTION HONORING AND ACKNOWLEDGING NORMA HOTALING AND THE ONGOING WORK OF S.A.G.E.**

Commissioner Illig read and presented the resolution to friends and colleagues of Norma Hotaling. Former Health Commissioner Roma Guy spoke about the transformative work of Ms. Hotaling. Former Health Commissioner Lee Ann Monfredini thanked the Commission for honoring Ms. Hotaling and spoke about Ms. Hotaling's work with the Youth Guidance Center. Francine Braae

and Alan Wilson accepted the resolution on behalf of SAGE and asked their staff to be acknowledged. They requested the support of the Health Department for SAGE's work.

Action Taken: The Commission (Illig, Sako, Sanchez, Tierney) voted to approve a resolution honoring and acknowledging Norma Hotaling and the ongoing work of S.A.G.E.

5) **HEARING TO CONSIDER THE DEPARTMENT OF PROPOSED ACTION:  
PUBLIC HEALTH'S MID YEAR BUDGET REDUCTIONS ELIMINATING OR  
REDUCING MEDICAL SERVICES (BEILENSON HEARING)**

Commissioner Comments:

Commissioner Illig introduced the Beilenson Hearing to hear cuts to medical services in the Department. He requested that speakers address the particular cut being made and the impact.

Dr. Katz provided an overview of the Laguna Honda Adult Day Health Care Center cut. A copy of the ADHC closure financial summary is attached. The cut would include a suspension of the license in order to allow the ADHC to reopen in better financial times. Staff suggested an alternative to closure. Dr. Katz; John Kanaley, LHH Administrator; and Gregg Sass, CFO reviewed the proposal and found that it was not financially viable. As to the DOJ settlement, the agreement was to support "aging in place" not for a specific agreement to keep the ADHC open. There is ADHC capacity at other centers and at the PACE programs in San Francisco.

Commissioner Sako noted that St. Mary's ADHC is full and has a waiting list. Dr. Katz noted that Self-Help for the Elderly also has a waiting list, but that other ADHCs in the City have vacancies.

Commissioner Sanchez noted that the Department has model programs that are being dismantled. He added that other ADHCs might also be facing cuts as well, particularly those with particular cultural competencies. He hopes that the ADHC can be reopened once LHH is in the new facility.

Commissioner Tierney commented that we should be looking at the capacity of the City to respond when making these types of decisions to cut.

Public Comment:

Kavoos Bassiri spoke about the impact of the cuts to RAMS in serving mental health clients who are API.

Melissa Pehrson addressed cuts to the API Wellness Center. She noted that Walden House is the only transgender residential program in the country.

Nicole Johnson addressed cuts to substance abuse services and noted the importance of taking the long view. She noted that savings exceed costs in the literature. Cutting substance abuse is not a cost savings.

Perry Zinnanti spoke about substance abuse and mental health services. The system can only take so many cuts. He hopes there are other ways that can be found.

Cynthia Citizen spoke about the cuts to the Mission SRO Collaborative. These cuts will impact their ability to do outreach.



Julie Leadbetter spoke about the cuts to the Mission SRO Collaborative. What the Collaborative does is exactly in line with goals of San Francisco. This is the cheapest way to serve these residents of private hotels.

Angelica Gutierrez Cruz spoke about the cuts to advocacy through the Mission SRO Collaborative. They serve clients in a culturally competent manner and aim to prevent homelessness.

Joshua Vining spoke about the cuts to the Mission SRO Collaborative. He urged that decisions be made on what options people have. People in SROs have no other option. They are some of the only people who do outreach in these buildings.

Jorge Portillo spoke about the cuts to the Mission SRO Collaborative. He's been here several times over the past month and wants to reaffirm that they will continue to fight for the money they have to do the work they do. It's important that the Commission stand up to the Mayor.

Leo Olson spoke about the cuts to the Senior Lunch Program at LHH. It's a valuable program to many older people, some of whom have significant health problems. The program provides solace to people without other options.

Kai Zehm spoke the cuts to the Immune Enhancement Program complementary care to people with HIV. It's a bad idea to cut these services to people who have significant health problems related to HIV medication. We should look to other areas to take cuts.

Brenda Barros spoke about the cuts to SFGH, as a 1428 who got a layoff notice. All 1428s got a layoff notice, so she believes it is an attack on labor.

Rachel Abdel is an RN in GMC who is the subject of a cut. GMC is a hospital based primary care clinic, and she believes that patients going through triage should be seen by an RN. She believes this will compromise patient safety.

Carlos Bermudez spoke against the cuts at API Wellness Center. The proposed cuts target HIV prevention cuts to the API population. They have worked for 20 years with this population. It would put API MSMs at higher risk.

Alex Baty spoke against cuts to the API Wellness Center. His clients don't know where else to go with API Wellness Center services. The cuts affect clients mentally as well as physically. HIV rates for API populations are expected to rise.

Darel Ayap spoke against HIV prevention cuts at API Wellness Center. She's a client in the API transgender program.

Erica Raney spoke against the cuts to API Wellness Center. She's an HIV positive client at API Wellness Center who was able to turn her life around as a result of the program. She's concerned that she will no longer be able to get the services she needs.

Kek Tee Lim spoke against the cuts to HIV prevention at API Wellness Center. The program provides a support system for him as a long-term HIV survivor.

Adam Chang spoke against the cuts to HIV prevention at API Wellness Center. He works with the Center's youth program. As a result of the program, he was able to invite his gay brother to get his first HIV test.

Ming Ming Kwan spoke against the cuts to the HIV prevention program at the API Wellness Center. They serve 1200 clients in 12 different languages. The cut will mean an unraveling of the safety net in San Francisco.

Elaine Jones spoke against the cuts to the Central City SRO Collaborative. She's had 73 suicide attempts so understands the importance of mental health services. She sees the Mayor as a "cutter." Without the Collaborative, people like her wouldn't get the help they need.

Aisjah Hopkins spoke against the cuts to the ADHC at LHH. LHH ADHC is one of the best programs she's ever worked with. As to why attendance isn't higher, it has to do with rumors about the cuts to the program as well as problems with the facility.

Jesus Perez spoke against the cuts to the SRO Families Collaborative.

Angela Chu spoke against the cuts to the SRO Families Collaborative. For families, a little bit of help means a lot to them as they cope with crowded situations.

Yu Wai Yu spoke against the cuts to the SRO Families Collaborative. She's one of the peer organizers for the Collaborative. There are sanitation problems with rats and roaches, and families must line up to use the kitchen. We are empowering ourselves and our families.

Yue Hua Yu spoke against the cuts to the SRO Families Collaborative. She's an SRO family member and hopes that cuts will not be made to the Collaborative.

Matthias Mormino spoke against the cuts to the SRO Families Collaborative. Poverty and homelessness are a few of the crises these families face every day. The Collaborative works and reaches out to people who no one else reaches. Help a small program that helps empower people.

Lani Riccabuono spoke against the cut to HIV prevention to non-IDU youth. Many of these youth will become IDU at some point given their risk factors. The youth they serve are service avoidant and they are the only services that these youth seek.

Khristine Jones with the Homeless Youth Alliance spoke against cuts to the program where she now works, but used to be a client.

Nina Willer, program coordinator with Homeless Youth Alliance. Provide a lot of services and try to build community. As a result they will need to cut the drop-in program. They serve 100 youth per day.

Lisa Stranger spoke against the HIV complementary care cuts. She's an IEP client. IEP helps her with an ongoing lung condition and poor circulation.

Jon Osaki spoke against cuts to Asian Youth Prevention Services. This is the only substance abuse contract for API youth in San Francisco. The contract supports seven agencies, which are modest sums that serve diverse populations. San Francisco's investment is modest; most are federal funds.



Ramon Calubaquib spoke against cuts to Asian Youth Prevention Services. Prevention is the first line of defense before more expensive treatment services.

Alyssa Irawan is a student at Abraham Lincoln High School spoke against cuts to Asian Youth Prevention Services.

Jennifer Friedenbach of the Homeless Coalition asked the Commission not to roll over. DPH shouldn't abandon the vision laid out in its strategic plan. The Commission should state these cuts would be devastating and don't fit into the Department's priorities. There is a need to look to alternative cuts that aren't easy, but are less critical.

Peggy Kwok from CYC is part of AYPS collaborative. The majority of clients are monolingual Chinese-speaking with a range of vulnerable behaviors and home issues. She urged reconsideration of cuts.

Henry Ha from CYC spoke against the AYPS cuts. He learned a lot from the program, including drug education.

Terrence Valen spoke against the cuts to substance abuse for the Filipino youth community. They work with youth and young adults and are part of the AYPS coalition. Many of the youth from their program are present.

Alexander Guevarro has been with the AYPS program since he was a sixth grader. The program doesn't just talk about what it does but actually helps.

Sofia Cordero spoke in favor of AYPS, which is like a family to her. AYPS is important to other youth as well.

Patsy Tito testified that the Samoan Community Development Center is one member of the JCYC. She spoke against the cuts to the program and asked Commissioners to look for other funds to support the community.

Setu Petaia serves people of Polynesian decent. He thanks JCYC and AYPS for allowing them to serve the Samoan population. Services through AYPS have been very helpful.

David Yoncmoto spoke against all cuts to behavioral health services to AARS. Further reductions would be devastating for the API community. He urges the Commission to work with Mayor and Board to find other ways.

Miquel Perdices spoke against the cuts to Project Adapt at AARS. Case managers at Project Adapt are working overtime in the absence of being able to hire additional staff. They can't do research or go to trainings in order to keep the necessary work going.

Felix Lam is a project manager at Project Adapt at AARS. He works with monolingual Vietnamese clients. These are people trying to change their lives and are desperate and have no where else to turn. Please seriously consider these cuts.

Rico Bautista is a Project Adapt client. Project Adapt has helped him break a drug addiction of 30 years. Budget cuts are the wrong way to go. The City needs more programs.

Liberato Tongol spoke in favor of Project Adapt. People of this country need to work together. The City is in chaos. It's a shame to make cuts to programs that don't make a profit. People are struggling to keep this country together. He's asking the Commission to reconsider.

Reynaldo Mendoza is a client at Project Adapt, which provides them with a second chance. It provides a foundation for recovery.

Joseph Wing is a Project Adapt client. He's one of 20 to 30 guys with dysfunctional lives who are trying to get their lives back together. Each client is similar and has been down a similar path. The program has helped

Sara Barnes spoke against the cuts to Lee Woodward Counseling Center. This is one of the programs that can help serve women with disenfranchised lives.

Susan Matsumura is a counselor at the Lee Woodward Counseling Center. This is one of the only times that women in the program have the opportunity to interact in a "family" setting.

Stephen Fields with Asian American Recovery Services is able to stand on his own two feet as a result of the services he received from this program. Now he has a chance to give back. These cuts impact the front lines. The problem won't go away.

Sheena K. spoke in favor of Asian American Residential. Her drug use has led her to jail and abuse relationships. She's used drugs since age 13. As the oldest sister, she didn't realize how much of a role model she was for her younger siblings. Please don't take this program away from others who need it.

Yolanda S. is a client at Asian American Residential. She left her parents to raise her three children. She committed crimes as a result of her drug use and has spent time in jail. Asian American has allowed her to regain her relationship with her children and her parents. The program has helped her find a better solution.

Albert L. spoke in favor of Asian American Recovery Services. He learned his negative behaviors from his dysfunctional parents and was on the road to life in prison. It helped him learn responsibility as the father of two beautiful children.

Tony Tabangcura, Manager of Asian American Recovery Services spoke in favor of youth treatment. These cuts impact our children who are suffering as a result of addiction and budget cuts.

Justin, a counselor at AARS-Project Reconnect, has been the victim of prior budget cuts. He continues to work even while sick. He ended up in a place he didn't want to end up in as a youth.

Maritza Penagos testified that Mission Neighborhood Health Center is a primary care site and a Healthy SF site. These cuts will eliminate new patients at the Shotwell Clinic.

Ellie Shukert spoke against cuts to mental health. The mentally ill continue to sleep on the streets and face unspeakable violence. Their blood will be on your hands.

Carla Wilson spoke against the cuts to complementary therapy. The actual number of clients affected is roughly 550. Complementary therapy is an important part of HIV therapy. She fails to see the logic of elimination of complementary therapy.

Sherrie Matza spoke against the ADHC closure at LHH. How can rampant overtime be justified when the City is considering such cuts? She believes the closure is in violation of the DOJ settlement. Please consider the budget neutral alternative.

Burt Compil spoke against cuts to the Office of Self Help. He hopes money can be found to save it.

Anthony Kim of Korean Prevention Services at AYPS spoke against the AYPS cuts. The Korean American community has the lowest rate of health insurance due to recent immigration and engagement in small businesses. This is a population that needs prevention services that AYPS provides.

Alexandra Goldman spoke against the cuts at the Central City SRO Collaborative. This is a program that meets people where they are at and give them access to services. These are service resistant people. What will happen if people are no longer able to access these services? DPH is not the place to make these cuts.

Takeo Rivera is a volunteer at the LHH ADHC. It is a program of top-notch care. It is not just a program it is a community unto itself. The ADHC has saved lives. Please consider the alternative budget.

Charles Rivera is the program director for the LHH ADHC. They are cost-effective, result in Medi-Cal funds, and the budget neutral proposal should be considered.

Michael Tobareski spoke against the cuts to the LHH ADHC. He's a WWII veteran who lost his vision in the war. He immigrated during a difficult time and came to LHH ADHC 13 years ago, and it has been his home.

Cathy Billups worker spoke in favor of the LHH as the only ADHC that takes wheelchairs. They do a lot more than other ADHCs do. They do bathroom assistance and other personal services.

Mariah Watkins a CNA at LHH ADHC spoke in favor of the ADHC. She said it's the last stop for many clients. She wants people to have the same consideration for her when she's old like she has for older people now. Try to find some other way.

Bi Huang at LHH ADHC spoke in favor of the 91 clients who attend the ADHC. They have clients with a variety of diagnoses, including Alzheimer's disease, hypertension, and other clients who need one-to-one assistance. They provide a lot of nutrition and medication management services.

Morgan Rose, the PT at LHH ADHC spoke against the cuts to the ADHC. They provide daily hands-on rehabilitation services. They have state-of-the-art equipment. Without them, clients will need to go to acute care or institutional care, which will be much more expensive. It allows clients to remain in the community. It should not be closed.

Ricky Ng the Lead Social Worker for LHH ADHC spoke against the closure of the LHH ADHC. He cannot find an appropriate placement for 38 of the 91 clients. The average ADHC wait in San



Francisco is three months to one year. PACE and On Lok are not alternatives to many of the current clients. The majority of clients are at significant risk if they do not receive ADHC services.

Monique El Amin is Coordinator at Alzheimer's Day Care Resource Center at LHH. They cover many of the clients in the western part of the City. For Alzheimer's clients, there is more than a year wait for other services. They provide culturally competent care to non-English speaking and African-American clients. Have compassion for elders.

Marie Walker, Senior Nutrition Program Coordinator at LHH ADHC, is the sole person responsible for nutrition at LHH ADHC. For many clients, this is the only meal of the day they receive. Her program is successful. Her clients pay and are like her family.

Brenda Abarquez of the Alzheimer's Day Care Resource Center has two clients that without the program will end up in skilled nursing. One of her clients provided testimony about the services she receives.

Gayling Gee spoke on behalf of the LHH ADHC. She asked that the Commission reconsider the closure of the program and consider the budget neutral proposal. They already have 20 clients waiting. Please take the risk for the ADHC to succeed. Sixty of the 91 clients will need to wait three months to a year to get another ADHC program.

Cathy Davis of Bayview Hunters Point ADHC spoke against the closure of the LHH ADHC. They deserve a chance to try to make the revenue neutral proposal work. This closure affects all of the ADHCs in San Francisco.

Claire Wildman, a dietician at LHH ADHC, is concerned that closure of the center and reopening it later doesn't make fiscal sense. Clients and staff consider themselves family. Closure of the center would disrupt that.

Alice Wong spoke against the closure of the LHH ADHC. This is a time when more ADHCs and community-based programs should be opened. The inpatient cost is \$541, the ADHC cost is \$100. Closure doesn't make sense. Half of clients are monolingual.

La Nay Eastman of the Adult Day Services Network of San Francisco spoke against the LHH ADHC closure. All of the programs are facing cuts as a result of the State budget. The Mayor cited LHH community-based care in his State of City Address.

Maureen Dick spoke in favor of the LHH ADHC. She's been deeply moved by the quality of the program. Her mother is 88 and attends the program. Prior to attending, she needed to stay home alone during the day. She has made progress since attending. The alternative is residential placement or staying home alone.

Ellen Champlin spoke against closure of the LHH Senior Nutrition and ADCRC program. Many clients depend on this program for breakfast and a hot lunch. Closure will add to the stress level of LHH or SFGH. Her husband attends the program. Other programs would not take him due to the level of care he needs. LHH ADHC is the only program that would take them. She continued to work part-time as a result of the care.



Jamilah Din works at the nutrition department of LHH and spoke against the closure of the LHH ADHC. Most clients are on special diets. Participants are diverse in their languages and come from all over the City.

Wendy Wong spoke on behalf of her parents who are LHH ADHC clients. They've done well in the program. It's a shame that the City has mismanaged its budget. Please do not close the facility.

C.L. Blue is on the board of IEP. She urged that complementary services not be cut for people with HIV. These cuts mean that the City will become a City of rich versus poor. People won't go away, will end up other places such as SFGH. Stand up to the Mayor. Find other ways.

Viktor Kirienko spoke on behalf of his disabled 37-year old son who attends LHH ADHC. He cannot help himself in the bathroom and needs help. Please reconsider closure.

Hwei-Li Chou spoke on behalf of her mother and her friends who attend LHH ADHC. The little bit of support that she receives from LHH ADHC make a tremendous difference. The Mayor and others should spend one day in these people's shoes.

Marc Johnson spoke on behalf of his mother who attends the LHH ADHC. She needs the type of support that the ADHC provides. LHH ADHC is not fat. It's not cutting the fat. It doesn't make any sense. We should all share the budget burden and not exclude the people who have been around.

Christine Ericksen spoke against mental health cuts. She and her daughter were drug addicts who have been helped through the Walden House program. Also she is against the closure of the LHH ADHC. She knows a woman with Parkinson's who was helped by the program.

Mike Ward spoke against the complementary care cuts. He's a board member and client of IEP. There is no need to cut that money. He's now cancer free as a result of treatment he's received through IEP.

Alecia Hopper of the Mental Health Association of San Francisco opposes all behavioral health cuts. We need to encourage the Mayor to find the cuts from somewhere else.

Nancy Lewin, an RN spoke against the cuts to public health in San Francisco, particularly the ADHC, ADCRC and Senior Nutrition programs at LHH. We need these programs all the more in these hard economic times. Find ways to fund them.

Rochelle Savola at SEIU 1021 represents the LHH ADHC workers and clients. Citizens who pay the taxes for programs are due a hearing on the cuts. They are organizing for a Board of Supervisors hearing. The LHH ADHC has been moved several times, which is partially due to the reason its census is low.

Shannon Riley spoke against the cuts to the Mission Neighborhood Health Center. The cuts will affect their MAP funding. Their program saves the City money. They support Healthy SF, but it doesn't pay for primary care services. DPH wants to use General Fund to support its own clinics.

C.W. Johnson spoke about Prop. 63. Why are we cutting early intervention? Think about what you're doing to Prop. 63.

Arthur Curry spoke on behalf of the Office of Self Help. Clients are angry because they are being discriminated against and stigmatized by these cuts. Self Help encourages self empowerment for mental health consumers.

Yaroslav Shcheglovman spoke against the cuts of the LHH ADHC. The ADHC is cost effective when compared with hospital care.

Sara Paredes is a nurse at the Women's Health Center at SFGH where half of the nurses are being cut. She's unclear why as the Women's Health Center is in the black and nurses generate revenue. Not only does it not make fiscal sense, but it doesn't make clinical sense.

Douglas Yep spoke as an eligibility worker at SFGH and has a suggestion that he's given to the Board and the Mayor: have a full financial audit of DPH and look for waste and corruption that could be used to pay for services.

Marykate Connor thanked the Commission for saving her program, Caduceus Outreach services. The decisions haven't been made by the Commission but by the Mayor, and are being imposed on the Commission. She urged the Commission to use its power. She also spoke against HIV prevention cuts for youth.

Jennifer Baity Carlin is an SEIU member spoke against the budget cuts in total. She urged the Commission to support the Department in speaking with the Mayor to oppose these cuts. We're already beyond cutting to the bone. These cuts will mean death for some clients.

Helene Campagnet spoke against the cuts to the Women's Health Center at SFGH. The clinic is revenue producing. Cutting these nurses guts the clinic and guts the promise of Healthy SF. She urges the Commission to reject all of these cuts.

Aaron thanked everyone who testified. Social services saved his life at an early age and placed him in a family that helped him succeed and attend college. Wall Street got a bail out and never saved a single life, so health services should get a bail out. Economic crisis is not an excuse.

#### Commissioner Comments:

Commissioner Illig noted that the Commission has now listened to 13 hours of testimony on these mid-year budget cuts. He added that San Francisco pays more than any other city in the country per capita on public health. He requested that people in the audience speak to the Mayor and the Board as the Commissioners will do in order to save public health.

Commissioner Tierney noted that it's time to stop slashing and burning, and that it's time to increase revenue in San Francisco, even if that means raising taxes in order to maintain a civil society.

Commissioner Sanchez thanked members of the public for their testimony and lamented the decimation of a world class model of public health. He urged that we look to philanthropic efforts to maintain public health. San Francisco has a proud tradition of supporting public health and of innovation.

Action Taken: The Commission failed to approve the resolution by a vote of three in favor (Illig, Sako, Sanchez) to one opposed (Tierney).

6) **GENERAL PUBLIC COMMENT**

None.

7) **OTHER BUSINESS**

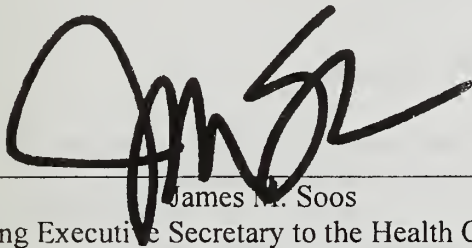
None.

8) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE  
COMMITTEE REPORTS**

None.

9) **ADJOURNMENT IN MEMORY OF NORMA HOTALING**

The Commission adjourned at 7:55 p.m. in memory of Norma Hotaling.

A handwritten signature in black ink, appearing to read 'J. Soos', is written over a horizontal line.

James M. Soos  
Acting Executive Secretary to the Health Commission

Attachments: (1)



## Laguna Honda Hospital ADHC Closure

- **Includes** Adult Day Health Care 55 client capacity, average daily census 43, Alzheimer's Day Care Resource Center capacity of 10 and average census of 7 and Senior Nutrition program with an average daily census of 35.
- **Financial History – General Fund Costs**

FY 04-05 (\$288,634)	FY 06-07 (\$333,077)
FY 05-06 (\$418,851)	FY 07-08 (\$711,477)
- **Budget initiative to suspend ADHC/ADCRC/SN**

FY 08-09 \$132,533 Savings	5.0 FTE Reduction
Fy-09-10 \$374,317 Ongoing	14.1 FTE
- **Alternate Proposal**

The alternative proposal recommends a substantial increase in the census and an increase in Medicaid funding; the latter requires that Medicaid agrees to pay for more days. There is no evidence to support this census goal or evidence that Medicaid would be willing to increase the number of days reimbursed.
- **DOJ Implications** – DPH has been advised by the City Attorney's Office that the closure of LHH ADHC is not a term in the DOJ Settlement Agreement and so there is no violation of the agreement. The City Attorney's Office is keeping the DOJ apprised of the various developments and discussions are consistent with the overall purpose of the Settlement Agreement and in keeping with the collaborative relationship between DOJ and the City.
- **Capacities within the community**
  - Of the 11 surveyed ADHC's on 12/28/08, there were 29 vacant slots.
  - Additional capacity exists in the PACE models.



- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY, 6, 2009  
*\*Minutes of the meeting of January 6, 2009*
- 3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE  
(Commissioner Steven Tierney, Ed.D.)
- 4) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 5) PROPOSED ACTION: ELECTION OF HEALTH COMMISSION OFFICERS  
(Commissioner James M. Illig, Health Commission President)
- 6) FOR DISCUSSION: 2008 ANNUAL CHARITY CARE REPORT  
(Alicia Neumann, Senior Health Program Planner)  
*\* Report*



- 7) **FOR DISCUSSION:** **2008 COMMUNITY BENEFITS REPORT**  
(Ron Smith, Regional Vice President, Hospital Council of  
Northern and Central California)  
*\*Report*
- 8) **OTHER BUSINESS\*\*\***
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **REPORT FROM THE CITYWIDE HEALTH PLANNING  
AND EFFECTIVENESS COMMITTEE, AND  
EVALUATION OF THE FINANCE AND CITYWIDE  
HEALTH PLANNING AND EFFECTIVENESS  
COMMITTEES**
- 10) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE  
COMMITTEE REPORTS**
- 11) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.





In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
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Web Site: <http://www.sfdph.org>

## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, January 20, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 & ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

The meeting was called to order at 4:05 p.m.

Present: President James M. Illig  
Vice President Sonia Melara  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine Sako  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 6, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the minutes of the meeting of January 6, 2009 without modification

#### 3) APPROVAL OF THE CONSENT CALENDAR OF THE FINANCE COMMITTEE

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the consent calendar of the Finance Committee.



#### 4) **DIRECTOR'S REPORT**

##### **Healthy San Francisco and 2007 CHIS Data**

In December 2008, the University of California at Los Angeles Center for Health Policy Research released the 2007 California Health Interview Survey (CHIS) data. CHIS is a telephone survey of adults, adolescents, and children in each California county; it is conducted every two years. The survey is designed to provide information on the health and health care needs of the State's residents. The survey asks several questions regarding health insurance status and access. DPH has used CHIS to obtain the estimated number of uninsured San Francisco residents and to inform Healthy San Francisco program planning, operations, and enrollment projections.

Based on the 2007 CHIS survey data, there are an estimated 60,000 uninsured adults (18-64) in San Francisco. This represents an 18% decrease from the 2005 estimate of 73,000 which DPH has used to date. The reduction in the estimated number of uninsured adults from 2005 to 2007 is most likely attributable to the economic expansion between this time period. It is difficult to ascertain the exact impact the current recession will have on health insurance rates. DPH will start using the 60,000 uninsured adult figure. The reduction in the estimated number of uninsured will require DPH to reassess Healthy San Francisco enrollment projections. DPH is undertaking this analysis and Healthy San Francisco enrollment projections will be modified to inform the upcoming budget process.

##### **TB Screening in the Castro**

Disease control workers from the Tuberculosis (TB) Control section set up a special screening over the first two weeks of 2009 to screen about 200 workers from businesses in the Castro and SOMA. This is part of an expanded investigation that originated from a cluster of five TB cases, involving young gay men, with matching genotypes. Three of these are linked to bars and businesses in the Castro and SOMA. The screening, which involved the most advanced blood test available, was given to everyone and a chest x-ray was recommended for those who are HIV+.

Supervisor Bevan Dufty and staff from Magnet worked closely with Dr. Kawamura's office in reaching out to businesses in the community and encouraging them to distribute the information about TB to their workforce. Community support and cooperation from business owners and management has been exemplary.

Results from this large TB contact investigation are pending and will be reported in the near future.

##### **Enforcement of San Francisco Tobacco Control Laws Dramatically Cuts Illegal Sales to Minors**

To prevent the sales of tobacco to minors, San Francisco began conducting police decoy operations and began tracking the rate of illegal tobacco sales to minors in 1999. In 2005, the Department of Public Health began using the City's new retail tobacco retailer permit ordinance to enforce such illegal sales by suspending permits to shops that were found selling tobacco to minors. Between 2004 and 2005, there began a dramatic decrease in observed tobacco sales to minors. Based on the undercover operations, the percent of minors that were able to buy tobacco fell from 22.3% in 2004 to 17% in 2005 to 11% in 2008. These incredible results are testimony to the strength of legislation that addresses environmental factors affecting health, in this case youth's easy access to tobacco. This is a good example of collaboration between a community coalition, the San Francisco Tobacco Free Coalition, which successfully advocated for the ordinance, and San Francisco City agencies that enforced accountability to these laws.

Here is a link showing the decrease in tobacco sales to minors from 1999 to 2008.  
<http://www.sfdph.org/dph/files/EHSdocs/Tobacco/TobaccoSales2Minors.pdf>.

### **American Lung Association of CA (ALAC) Issues Tobacco Control Report**

The Commissioners may have seen the article in last week's *Chronicle* highlighting portions of a report from the American Lung Association of California. The ALAC's annual Tobacco Control Report grades cities and counties in California on their local tobacco control policies and laws. This year the report grades were based on 3 categories: smoke free outdoor air, smoke free housing and reducing sales of tobacco products. San Francisco earned an overall grade of C, up from last year's D grade. In the reducing tobacco sales of tobacco products category, the City received an A due to its strong tobacco permit ordinance as well as two new ordinances adopted in 2008 which banned tobacco sales in pharmacies and banned tobacco giveaways in any place open to the public, including bars and nightclubs. In the smoke free outdoor air category, San Francisco received a D and an F in smoke free housing. Should legislation that is currently under consideration by the Board of Supervisors be adopted, however, San Francisco's grade could be improved to an A and B in the respective categories.

Despite what appears to be lackluster grades from the ALAC, I believe this Department and the City have proven to be leaders in many tobacco and smoking reform policies, as evidenced in the previous item regarding our success at decreasing illegal sales to minors. We will continue to advocate for smoke free environments and other public health policies that reduce the mortality and morbidity from the use of tobacco products. For a look at the complete study, go to <http://www.californialung.org/sotc-ca-local>. The Chronicle article can be accessed at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/01/14/BASB159AH4.DTL&hw=Lung+Association&sn=001&sc=1000>.

### **Highlight of Baby Friendly Hospital**

The KQED radio *California Report* produced a special segment this past week on breastfeeding and featured the Baby Friendly Hospital program at San Francisco General Hospital. The reporter also talked to the new mom and went on a home visit with a public health nurse. Clearly, the Baby Friendly Hospital program plays a major role in many young mothers' decision to breastfeed. It is no accident that SFGH has a 95% breastfeeding rate. Many thanks to Maya Vasquez, lactation consultant, for coordinating the information the reporter needed to produce the segment.

### **Office of Vital Records Staff Transfer to County Clerk**

We have begun the transition of some of the functions of the Office of Vital Records to the City Clerk's Office as approved by the Mayor. The County Clerk will assume responsibility for sales of historical birth and death certificates. DPH will continue to register all births and deaths occurring in San Francisco County and will also issue vital records of individuals whose births and deaths have occurred over the past two years.

This transfer of function which will occur April 1 and is consistent with vital records operations in every other California county, where the health department registers vital events and the Clerk or Recorder retains and sells historical records.

### **Environmental Health Promotes Integrated Pest Management**

On January 22, Miguel Monroy, Agricultural Commissioner/Sealer of Weights and Measures, will participate in the presentation of the 2008 *Integrated Pest Management (IPM) Innovator Award* to PESTEC, the principal contractor for pest control work in the city and county. All of the work done in DPH Environmental Health promotes Integrated Pest Management by selecting techniques and

strategies that reduce the use of harsh pesticides, such as the use of natural pesticides and environmental management for West Nile Virus prevention.

### **Shape UP SF Walking Challenge**

The annual Shape Up SF Walking Challenge is scheduled for March 9 to May 15, 2009. This city-sponsored event is an opportunity for everyone who lives, works or plays in the city (such as Health Commissioners) to take time to increase their exercise. Form a team and together your team will make a virtual walk (bike, run, dance, swim, etc) up the California coast. You can exercise with your team members or on your own; regardless, all your activity will count toward the collective team goal of exercising the 1016 miles of the California coastline. More information will be forthcoming in the upcoming weeks or check the Shape UP SF website [www.shapeupsf.org](http://www.shapeupsf.org) for updates.

The level of interest in Shape UP SF has resulted in a three-fold increase in web traffic over the past year. The health profession has long recognized that stress can be mitigated through increased exercise of any type.



# San Francisco General Hospital & Trauma Center Credentials Report, January 2009

	01/09	07/08 to 06/09
<b>New Appointments</b>	<b>5</b>	<b>178</b>
Reinstatements	0	1
<b>Reappointments</b>	<b>48</b>	<b>281</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>7</b>	<b>125</b>
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>	<b>1</b>	<b>1</b>
<b>Changes in Privileges</b>		
Additions	2	40
Voluntary Relinquishments	3	28
Proctorship Completed	14	144
Proctorship Extension	0	0

<b>Current Statistics – as of 10/21/08</b>		
Active Staff	511	
Courtesy Staff	564	
Affiliate Professionals (non-physicians)	245	
<b>TOTAL MEMBERS</b>	<b>1,320</b>	

<b>Applications In Process</b>	<b>14</b>
<b>Applications Withdrawn Month of August 2008</b>	<b>0</b>
<b>SFGH Reappointments in Process 02/2009 to 05/2009</b>	<b>150</b>

## Commissioner Questions/Follow-Up:

Commissioner Sako requested that the Commission receive a quarterly economic forecast from the Controller beginning in March.

## **5) ELECTION OF HEALTH COMMISSION OFFICERS**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) re-elected Commissioner Melara Vice President of the Commission for 2009.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) re-elected Commissioner Illig President of the Commission for 2009.

6) **2008 ANNUAL CHARITY CARE REPORT**

Anne Kronenberg, Director of Policy and Administration, Deputy Director of Health introduced the report. Ms. Kronenberg emphasized the collaborative nature of the Charity Care Report and the Charity Care Working Group. She thanked the private hospitals for their participation in Healthy San Francisco. She added that the Workgroup had three meetings on the direction of charity care in San Francisco, the result of which was the Community Benefit Partnership, which has agreed to work collaboratively on the provision of community benefits citywide. This year, the group looked to narrow the scope of the Charity Care Report to report only on what is required by the Ordinance, with an eye to providing a broader report next year on community benefits provided citywide.

Alicia Neumann, Senior Health Program Planner presented the report. A copy of Ms. Neumann's presentation is incorporated as part of these minutes.

Commissioner Comments/Follow-Up:

Commissioner Tierney asked about the hospitals' requirement to care for out-of-county residents. Dr. Katz responded that Welfare and Institutions code section 17000 requires that counties provide care to the indigents residing in its county. Under EMTALA, all hospitals are required to provide emergency care for anyone with an emergency who shows up at a hospital.

Commissioner Illig asked about how counties without a public hospital meet their requirements. Dr. Katz responded that each county meets its obligation in different ways.

Commissioner Illig asked how charity care interacts with Healthy SF. Dr. Katz responded that it is hoped that Healthy SF will eventually preclude much of the need for charity care, but will never completely replace it. However, neither EMTALA nor charity care constitutes a system of care. Under Healthy SF, each of the hospitals has agreed to participate and cover a portion of the Healthy SF population. Each person will have a medical home (primary care provider) with an attached hospital for care. It will however take time to enroll everyone who's eligible and to teach participants about how to access care appropriately under Healthy SF. It will not however preclude any hospital's obligation under EMTALA.

Commissioner Sako asked about how financial reporting under Healthy SF would change reporting of Charity Care. Dr. Katz responded that currently hospitals are not receiving payment, so care for Healthy SF members counts as charity care. If in the future, hospitals begin to receive payment, they would report Healthy SF separately from charity care. However, payments to hospitals are not expected to begin for several years. The hope would be that over time, care provided under Healthy SF would grow and pure charity care would decline.

Commissioner Sako asked whether hospitals other than St. Mary's are receiving foundation support to offset charity care expenses. The other hospitals responded in the negative. Ms. Kronenberg responded that CPMC also has a foundation that provides funding that is reported as part of community benefits.

Commissioner Chow stated that he believed that separation of the reports between charity care and community benefits is helpful. He added that with Healthy SF, the success markers have changed, and that there needs to be a mechanism to capture that, and he appreciates that the discussion is taking place.

## **7) 2008 COMMUNITY BENEFITS REPORT**

Ron Smith of the Hospital Council introduced the report by stating that in 2008, the hospitals have provided a combined \$217 million in community benefits. In addition, the African American Health Disparities program is doing a series of events to eliminate health disparities for African Americans in San Francisco. He also highlighted the Hep. B Free program, the respite bed program, the psych. outpatient facility on Dore Alley, and the contributions to Healthy SF. He also highlighted the conservator education program and the joint work on emergency preparedness.

Commissioner Illig asked about the disparity of numbers of charity care provided as reported in the 2007 Charity Care Report and the 2007 Community Benefit Report. Mr. Smith agreed to look into the disparity.

Elena Tinloy of Chinese Hospital reported on the specialty clinic opening, participation in Healthy SF, and vision care screening and education.

Judy Li of CPMC reported on two new programs, the Bayview Childcare Center and the Health First Program at St. Luke's designed to help persons with chronic disease self manage their conditions. She also reported on the free clinical breast care for African-American patients in the Bayview and the breast health program at St. Luke's. She also highlighted the work of CPMC through St. Luke's and their work with the SF Community Clinic Consortium.

Lara Saltee of Kaiser Permanente SF reported on the Safety Net Partnership and work with Operation Access to improve access to surgical procedures.

JoBeth Walt of Saint Francis Memorial Hospital reported on services through the Emergency Department and partnership with Glide Health Services, including work on access to health and chronic disease management. She also highlighted the Navigator Partnership Program to help individuals find the programs they need in the most appropriate setting. Finally, she highlighted the Rally Family Visitation program, which works with children in families in conflict.

Barry Lawlor of St. Mary's Medical Center reported on the work of St. Mary's through the Sister Mary Philippa Health Center. He also emphasized how St. Mary's has aligned its goals to be consistent with the goals of the Community Benefit Partnership.

Deb Jones of UCSF Medical Center reported on the inpatient care that UCSF provides.

### **Public Comment:**

Richard Thomason of SEIU-United Healthcare Workers West thanked Health Department staff and stated that they are a labor partner in the Charity Care Workgroup. He thanked the Department for bringing together the hospitals in the Community Benefit Partnership. He also referenced Assemblywoman Ma's AB 2942 requiring standardized reporting of community benefits, which he expects to be reintroduced. He stated that he would also like a more comprehensive community benefit report.



Ed Warshauer of SEIU 1021 thanked the community providers who participated in the charity care report and community benefit partnership. He stated that SEIU members will work on multitasking to help solve the city's and country's turnaround and will be advocating for health care as part of the economic bailout package. He also stated the need for an emergency revenue initiative on an upcoming ballot. He also stated that SEIU will advocate for a people-friendly budget solution to the budget problem.

Commissioner Comments/Follow-Up:

Commissioner Sanchez thanked those participating in charity care and community benefits, and to those who helped put together the report. He appreciated the use of community advisory boards to help prioritize needs in the community. He would also like to hear an update on the role of foundations to help provide this type of care. He believes that this will help highlight best practices in the field.

Commissioner Illig asked about the drop in charity care patients but increase in funds spent on charity care at St. Mary's Medical Center. Mr. Lawlor responded that the change is in response to St. Mary's participation in Healthy SF. With Healthy SF enrollment, St. Mary's moved away from emphasis on a Catholic Diocese perspective, which includes out-of-county residents, with a focus on San Francisco residents. In addition, they've changed the application process so that participants only need to apply once per year. Costs have gone up because the hospital hired additional specialists to provide care under Healthy SF.

Commissioner Chow asked for a definition of the year for which community benefits were provided and for a more systematic approach, definition, and consistency to what is included in community benefits.

Commissioner Illig asked for a report on 2008 charity before the end of 2009. Ms. Neumann responded that the basis of the report is OSHPD data, which is not released until October, making it difficult to report on charity care before the end of the year.

Commissioner Illig also asked for a separation of charity care provided to San Franciscans versus out-of-county residents. He noted that the report notes that nearly a quarter of charity care costs are attributed to out-of-county residents.

**8) OTHER BUSINESS**

Commissioner Sako submitted a resolution in the Citywide Health Planning and Effectiveness Committee (CHPEC) meeting about maintaining the Adult Day Health Care (ADHC) license at Laguna Honda Hospital (LHH). Dr. Katz responded that the build-out for the LHH ADHC has not been completed or spent. There is potentially a \$1 million savings to the general fund if the ADHC were not re-opened. President Illig requested that the ADHC license issue be on the next Commission agenda.

9) **REPORT FROM THE CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE, AND EVALUATION OF THE FINANCE AND CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEES**

Commissioner Melara reported on the presentation of the Long-Term Care Planning Council at the CHPEC meeting. The implementation portion of the report will be reported at the February meeting. She also reported on the discussion of the effectiveness of the committee structures and possibly combining the Finance and CHPEC. Commissioner Sako also reported that Anne Kronenberg will follow up with the City Attorney on how public comment is handled.

Commissioner Illig questioned whether the Joint Conference Committee (JCC) structure as it currently exists is necessary. Commissioner Chow noted the need to be careful about how the LHH oversight is handled as the Commission would want to keep the Commission as the governing body of the hospital. Dr. Katz noted that there is no requirement for governance as it relates to LHH. Commissioner Chow noted that historically the Commission oversaw LHH through the JCC in order to ensure quality and to keep it on par as a facility with SFGH. Commissioner Sanchez agreed with the need to look to a new oversight model as the new rebuilt LHH facility comes on line, but reinforced the need for the Commission to do its due diligence.

Commissioner Illig noted that the Finance committee should perhaps be focused on the general fund and the cutbacks that will continue over the next year. Commissioner Tierney noted that the Finance committee has been focused for the past year on general fund cuts as they affect programs, so there has been some overlap between the Finance Committee and CHPEC. He noted that the Finance Committee has moved away from "contracts approval" and more toward planning, however, given the cuts that the Department will be forced to make, it may not be the time to eliminate the Finance Committee. Commissioner Chow noted how under Commissioner Tierney, the committee has moved away from looking at the minutia and toward looking at the bigger picture of finance.

Commissioner Sanchez noted a need for a committee of the Commission to look to extramural funding to support outcomes and evaluation in the Department, much as like what has happened at UCSF.

Catherine Dodd, Deputy Chief of Staff for the Mayor's Office supported the efforts of the Commission to preserve the ADHC at LHH, but noted that there should be a mechanism, such as the Laguna Honda Foundation to provide support for the ADHC rather than relying on the General Fund.

Commissioner Sako supported the continuation of the LHH JCC, and the Finance and Citywide Health Planning and Effectiveness Committees, but noted a need to revise the agendas. Commissioner Chow supported that vision, but noted the need of Finance to get away from planning and of CHPEC to get away from finance.

Commissioner Illig requested that Dr. Katz take responsibility for explaining the impending budget cuts in terms of a clinical perspective. Dr. Katz noted the difficulty of explaining \$100 million in cuts in terms of the Commission's priorities and requested that additional principles be included. He suggested that, "primary care (including chronic care management), emergency care, and population control of communicable diseases as core department services," could be an additional principle. He added that this would not be a non-controversial addition. Commissioner Illig responded that there is another way to consider a priority of "caring for the most vulnerable," who tend to be the most costly clients who cycle through our institutions. Commissioner Tierney noted the need of the Commission to provide direction.

Dr. Katz added that consideration of the "availability of services in another venue," could be another principle. Ms. Dodd noted the Mayor's approach is public-public partnership in understanding which Department is responsible for a program or population.

Commissioner Illig requested that Commissioners and staff assemble additional principles for consideration at the next Finance Committee meeting on February 3. Commissioner Sako noted the need for transparency in making the next set of budget cuts.

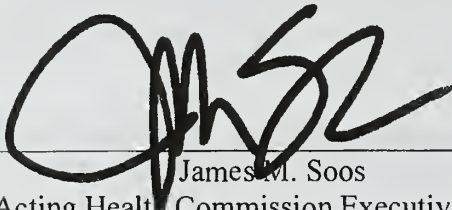
The Commission decided to maintain the current committee structure with SFGH JCC to remain as is, LHH JCC members to consult with staff to determine how the JCC can be most effective and helpful, the Finance Committee to focus on the current year cuts, and CHPEC to focus on long-term planning. In addition staff will research with the City Attorney on how best to incorporate public comment into Commission meetings.

10) **COMMISSIONER REPORTS/ANNOUNCEMENTS/JOINT CONFERENCE  
COMMITTEE REPORTS**

None

11) **ADJOURNMENT**

The Commission adjourned at 6:33 p.m.

A handwritten signature in black ink, appearing to read 'JMS', is written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary

Attachments: (1)



## Fiscal Year 2007 Charity Care Report Summary

San Francisco Health Commission  
January 20, 2009

### Charity Care 2007: Introduction

- This presentation briefly summarizes the 2007 annual Hospital Charity Care Report Summary with regard to:
  - Community needs and obligations.
  - Estimates of hospital charity care provided.
- This is the seventh annual charity care report pursuant to the Charity Care Policy Reporting and Notification Ordinance (#163-01).

### Charity Care 2007: Definition and Need

- San Francisco defines charity care as medical care and ancillary services for "those who cannot afford to pay and without expectation of reimbursement...."
- Charity care excludes bad debt (unpaid charges) and payment shortfalls from insurers such as Medicaid.
- The need for charity care and other policies and programs that enhance access to health care stem from lack of insurance and poverty.
- Hospitals provide community benefits other than charity care in the form of donations and subsidies to community clinics and programs.

\* Ordinance #163-01  
<http://www.sfdph.org/dph/ncpreports/SanFranciscoCharityCare/CharityCareOrdinance103994.pdf>

### Charity Care 2007: Responsibilities

- In accordance with Section 17000 of the California Welfare and Institutions Code, San Francisco meets its County obligations by providing hospital charity care at San Francisco General Hospital Medical Center (SFGHMC).
- San Francisco's nonprofit charitable hospitals are obliged to provide and report on their community benefits according to federal, state and local laws. Per the Charity Care Ordinance, San Francisco requires hospital reporting on charity care as a significant community benefit.

### Charity Care 2007: Measures

- The Charity Care Ordinance requires the Department of Public Health to measure hospital charity care by:
  - Number of applications and patients.
  - Number and type of services.
  - Total expenditures in terms of cost.
- Data for Fiscal Year 2007 shows:
  - A decrease in the total number of charity care patients and services, with variations by hospital.
  - An increase in total expenditures, with variations by hospital.

### Charity Care 2007: Applications

In 2007 reporting hospitals showed a slight total decline in applications from the previous year, although application numbers at individual hospitals varied widely.

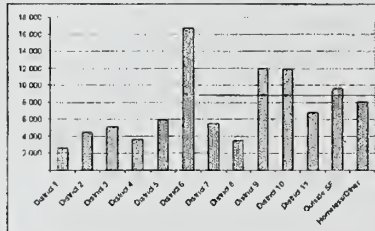
System	Hospital	2004	2005	2006	2007	% Change from 2004	% Change from 2006
<b>Absolute Subject to Ordinance</b>							
CHW	San Francisco	1,518	1,550	1,638	3,103	104.7%	89.40%
CHW	St. Mary's	8,011	8,867	10,304	3,168	-50.5%	-69.38%
Chiles	Chiles	81	123	22	494	-21.9%	118.0%
Sutter	CPMC	1,468	1,555	1,178	1,344	8.4%	4.3%
Sutter	St. Luke's	2,129	2,307	1,978	827	-70.8%	-59.4%
Subtotal		14,215	14,887	15,298	8,926	-37.2%	-42.2%
<b>Other Reporting Hospitals</b>							
Kaiser							
Permanente	KPH-SF	238	203	270	250	8.0%	-7.40%
CCSF	SFGHMC	154,817	135,510	128,438	125,237	-23.4%	-1.90%
UC Regents	UCSFMC	1,353	5,150	3,668	6,895	408.6%	88.00%
Subtotal		166,218	137,863	132,976	135,442	-16.7%	0.70%
Grand Total		174,433	142,490	147,174	142,368	-18.4%	-3.30%

Decreases occurred due to changes in enrollment procedures at CPMC and St. Mary's, as well as a focus on San Francisco residents at St. Mary's

Source: Individual hospitals

## Charity Care 2007: Location

Hospitals approved applications for charity care from all of San Francisco's Supervisorial Districts:



Almost 41,000 applicants, or 42 percent of the total reside in Districts 6, 9, or 10.

Almost 10,000 applicants who received care live outside of San Francisco.

Source: Individual hospitals

## Charity Care 2007: Services

Almost 80 percent of the total charity care services were provided in an outpatient setting, especially by hospitals with clinics, such as St. Mary's and SFGHMC.

System	Hospital	Emergency	Inpatient	Outpatient	Total
CHW	Saint Francis	1,850	269	968	3,087
CHW	St. Mary's	1,050	247	1,567	3,164
Chinese	Chinese	124	57	303	484
Sutter	CPMC	635	457	1,161	2,453
Sutter	St. Luke's	547	129	249	1,325
Subtotal		4,808	1,148	4,548	10,513
Kaiser Permanente	KPSF	140	N/A	N/A	140
SF OPH	SFGH	10,739	2,983	65,338	78,470
UC	UCSF	426	2,764	3,703	6,895
Subtotal		11,307	6,157	69,041	85,505
Grand Total		16,113	6,318	73,589	86,018

Saint Francis and St. Luke's provided more than 50 percent of their charity care in an emergency setting.

Source: Individual hospitals

## Charity Care 2007: Total Spending

Reporting hospitals spent a total of \$108.9 million on charity care in 2007, and hospitals contribute according to size, location, and other community commitment.

System	Hospital	Charity Care Charges	Goal to Charge Ratio	Charity Care Expenditures (Charity Care)
CHW	Saint Francis	\$17,860,965	24.8%	\$4,459,102
CHW	St. Mary's	\$20,269,696	22.8%	\$4,629,269
Chinese	Chinese	\$1,827,688	47.33%	\$864,854
Sutter	CPMC	\$18,807,733	26.9%	\$3,697,965
Sutter	St. Luke's	\$7,221,720	28.4%	\$1,883,140
Subtotal		\$42,207,742		\$15,003,611
Kaiser Permanente	KPSF	N/A	N/A	\$1,254,121
CCSF	SFGH	\$700,487,000	43.66%	\$37,531,711
UC Regents	UCSF	\$1,476,462	28.05%	\$4,127,269
Subtotal		\$277,401,204		\$19,815,154

In 2007, hospitals subject to the Charity Care Ordinance accounted for 14.5 percent of total spending on charity care, which is consistent with previous years.

Source: California's Office of Statewide Health Planning and Development (OSHPD) and individual hospitals

## Charity Care 2007: Expenditure History

Among hospitals subject to the Ordinance, total spending on charity care has increased 30 percent since 2004. During the same time frame, total hospital spending has increased Citywide by 25 percent.

System	Hospital	2004	2005	2006	2007	% Change from 2004	% Change from 2006
Hospitals Subject to Ordinance							
CHW	Saint Francis	\$7,841,000	\$2,390,430	\$4,195,967	\$4,459,102	58.60%	7.36%
CHW	St. Mary's	\$2,117,000	\$2,197,551	\$3,535,205	\$4,629,269	118.70%	31.85%
Chinese	Chinese	\$108,800	\$161,105	\$264,204	\$864,854	444.0%	278.85%
Sutter	CPMC	\$4,311,890	\$5,378,835	\$5,226,198	\$3,697,965	-7.50%	-23.30%
Sutter	St. Luke's	\$3,815,000	\$3,705,700	\$3,164,158	\$1,883,140	-28.80%	-41.10%
Subtotal		\$18,093,490	\$15,679,211	\$16,381,611	\$15,003,611	-20.49%	-8.39%
Other Reporting Hospitals							
Kaiser Permanente	KPSF	\$657,418	\$631,863	\$1,131,683	\$1,254,121	56.10%	10.90%
SF OPH	SFGH	\$70,638,906	\$76,419,043	\$70,644,447	\$37,531,711	-23.90%	-9.80%
UC	UCSF	\$3,267,005	\$3,250,537	\$5,310,287	\$4,127,269	-28.30%	-21.0%
Subtotal		\$74,572,431	\$80,301,443	\$76,889,997	\$42,815,151	-24.40%	-7.10%
Grand Total		\$92,665,921	\$96,000,654	\$93,271,608	\$57,818,762	-21.50%	-6.6%

Between 2006 and 2007 Chinese Hospital increased spending on charity care by 226 percent.

Source: California's Office of Statewide Health Planning and Development (OSHPD) and individual hospitals

## Charity Care 2007: Questions

Charity Care Subcommittee of the San Francisco Community Benefits Partnership:

- Reporting Hospitals
- Health Access
- Hospital Council
- SEIU UHW
- Consumers Union
- Operation Access
- San Francisco Community Clinic Consortium
- San Francisco Medical Society

James M. Illig  
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Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

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Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, February 3, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) **CALL TO ORDER**
- 2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY, 20, 2009**  
*\*Minutes of the meeting of January 20, 2009*
- 3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) **GENERAL PUBLIC COMMENT\*\***
- 5) **FOR DISCUSSION AND PROPOSED ACTION:** **FINANCE COMMITTEE REPORT:**  
Approval of the Consent Calendar  
Discussion and Approval of Additional Budget Principles  
(Commissioner Edward A. Chow, M.D.)  
*\*Commission Principles for Budget Reduction*
- 6) **FOR DISCUSSION:** **PRESENTATION OF THE FY 2009-2010 HEALTH DEPARTMENT BUDGET**  
(Gregg Sass, Chief Financial Officer)  
*\*Proposed Budget*





7) **OTHER BUSINESS\*\*\***

8) **FOR DISCUSSION:**                    **2009 COMMITTEE STRUCTURE AND MEMBERSHIP**  
(Commissioner James M. Illig)

9) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).





### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, February 3, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:08 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner Catherine M. Waters, RN, Ph.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D. (excused)  
Commissioner Steven Tierney, Ed.D. (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY, 20, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Waters) approved the minutes of the January 20, 2009 Health Commission meeting with the correction that Commissioner Sanchez was present at that meeting.



### 3) DIRECTOR'S REPORT

#### **House Passes \$819 Billion Economic Stimulus Package; Senate Expected to Consider it the Week of February 2**

On January 28, the House of Representatives passed an \$819 billion Economic Stimulus package, portions of which may have a direct benefit for the Department. The Senate is scheduled to take up the legislation during the week of February 2. Specific provisions of the legislation that may prove beneficial for DPH include:

- \$20 billion for Health Information Technology, which could be used to develop an Ambulatory Electronic Health Record under development for Healthy San Francisco and to purchase medical record software for the newly rebuild Laguna Honda Hospital.
- A \$3 billion Prevention and Wellness Fund for chronic and infectious disease prevention, immunization, and other evidence-based disease prevention.
- \$87 billion in temporary Medicaid FMAP increases, which could benefit the Department for those Medi-Cal programs where San Francisco puts up the non-federal share of the Medicaid payment, including Short-Doyle mental health services, the AB 915 outpatient fee-for-service program, and the Distinct Part Nursing Facility supplemental payment program.
- \$900 million to prepare for pandemic influenza and to support development of countermeasures for chemical, biological, radiological, and nuclear threats.

In addition, the legislation extends the moratorium on seven Bush administration proposed Medicaid rules through June 30, 2009, which, if they had taken effect, could have cost San Francisco General Hospital more than \$29 million per year in lost Medi-Cal funding. Finally, the bill also provides a 65 percent subsidy for COBRA premiums for up to 12 months for workers who have been involuntarily terminated and a 100 percent federally-subsidized optional temporary State Medicaid for income-eligible individuals who are receiving or who have exhausted unemployment benefits.

DPH staff is working in conjunction with the Mayor's office, staff of other City departments, and our state and federal lobbyists to determine how San Francisco and DPH might benefit from this infusion of funding.

#### **Ellen Wolfe to be Honored During Arbor Week**

I am pleased to announce that the memory and life's work of Ellen Wolfe, DrPH, PNP, Director of Children's Medical Services, will be honored with a tree planting by Mayor Newsom during this year's Arbor Day observance on March 11. We are grateful to the Mayor and the Department of Public Works for selecting Dr. Wolfe to receive this honor as an acknowledgement of her work and commitment to the health of San Francisco's at-risk, disabled and underserved children. Dr. Wolfe died in August 2008.

Arbor Day is a nationally-celebrated observance that encourages tree planting and care. San Francisco's urban forest improves air quality, makes our neighborhoods more livable, safe and sustainable and increases property values. I hope the Commissioners will reserve this date and make plans to join the Mayor, family members, and friends from DPH and me for this event. More details will be forthcoming.

### **HIV Prevention update**

The HIV Prevention Section has a new CDC grant to expand testing among African-American MSM (men who have sex with men) in San Francisco. The project, called Black Men Testing, will recruit 300 participants. Our goal is to identify the best ways to increase testing and linkages to care and support among African American MSM. Participants will be asked to refer both their sexual and social network partners for testing, counseling, and care. Vincent Fuqua, 554-9073, has details.

Methamphetamine is a major driver in the HIV epidemic. While we have medications to treat opiate, nicotine, and alcohol dependencies, there are no medications approved for methamphetamine addiction. "Project Bump" is enrolling persons at risk for HIV to determine if Aripiprazole, a medication used to treat psychiatric conditions, is effective in treating methamphetamine addiction and reducing HIV risk behaviors caused by meth use. Ninety persons will be enrolled in this NIH-sponsored study. All participants receive HIV testing and risk-reduction counseling. For more information, contact John Farley, 554-9065.

In collaboration with the HIV Epidemiology section, the HIV Prevention section conducted a population-level assessment of HIV viral loads among persons diagnosed with HIV in San Francisco. Elevated HIV viral loads are associated with increased mortality and morbidity and greater HIV transmission risk. The goal of HIV treatment is to suppress viral load. We found that the majority of treatment-eligible HIV-positive San Franciscans are on treatment and have suppressed viral loads. Persons seen by their healthcare provider at least every six months were twice as likely to have a low viral load compared with persons less engaged in care. Homeless persons were more likely to have an elevated viral load. To our knowledge, this is the first assessment of metropolitan-level data with regard to viral suppression in a community. We believe these data will help DPH better target both treatment and prevention resources.

### **Veterans Eligible For CBHS Mental Health Services**

A new state law, AB3083 which took effect January 1, 2009, amended the Welfare and Institutions Code (Section 5600 - Target Population - Serious Mental Illness) to specifically stipulate that veterans in need of mental health services and who meet the existing eligibility requirements for public mental health services should not be denied services based solely on their status as a veteran, "Post-traumatic stress disorder" has also been added in the code as a specific mention of a serious mental disorder, qualifying individuals for county mental health services to the extent resources are available. The amended language also requires county mental health providers to advise veterans who may be eligible for mental health services under the US Department of Veterans Affairs and assist them in linking to those services, as well as consider contracting with veterans' services agencies, where possible, to provide high-quality veteran-specific services. CBHS central administration has started discussions with the regional U.S. Department of Veterans Affairs to begin facilitating access to behavioral health services for veterans at the VA.

### **HIV Prevention & Black History Month**

February is Black History month and the HIV Prevention Section is co-sponsoring several events focusing on improving health equity, especially with regard to HIV among African Americans. The ongoing Black MSM Health Initiative is holding a summit for local and national leaders to consider how four domains—Sexual and Social networks, Isolation, Stigma, and Macro-environmental factors—contribute to risk behavior and higher HIV rates among Black men in San Francisco. Results will be used to develop new and innovative HIV Prevention programs. Also, on February 6th, Black HIV/AIDS Awareness Day, the HIV Prevention Section is co-hosting "Black Life Is Worth Saving," a forum addressing the strengths and challenges facing San Francisco and



the rest of the country as we develop interventions to increase health equity among African-Americans. Vincent Fuqua, 554-9073, has more information.

### **Legionella Research Wins Best Paper Award**

The research paper "Legionella Reduction After Conversion to Monochloramine for Residual Disinfection" has been selected for the *2008 American Water Works Association Water Quality & Technology Division Best Paper Award*. The paper was authored by June Weintraub, Senior Epidemiologist in Environmental Health, and colleagues at the Centers for Disease Control, the California Emerging Infections Program, the California Department of Public Health, and the San Francisco Public Utilities Commission Water Quality Division. The study found that switching from chlorine to monochloramine for disinfection dramatically reduced Legionella colonization in buildings that receive municipal water. The paper abstract may be found at <http://www.awwa.org/publications/AWWAJournalArticle.cfm?itemnumber=35085>.

### **Peanut Butter Product Recall**

As the Commissioners know, there has been a national recall of products containing peanut butter that may be contaminated with salmonella. Despite a series of nationwide and statewide alerts, some of the products being recalled have been found in vending machines operated in local facilities. This past week, we notified all City departments to check the inventory in their vending machines against the State's recall list of products distributed in California. Many vendors had already removed the recalled products and we found little evidence of potential contamination. A complete list of recalled food items sold in California can be found at <http://www.cdph.ca.gov/pubsforms/Documents/fdbFrPBLList.pdf>.

It is important to note that peanut butter available in retail grocery stores is not implicated in this recall and is safe to consume. This recall applies only to peanut butter sold to commercial food processors. We will continue to work with state health officials to ensure that any contaminated peanut products are removed from local supply chains.

### **Safe in the City to be Included in 2008 Compendium**

I am pleased to announce that an HIV prevention intervention developed and evaluated by Jeffrey Klausner, MD, Director of STD Prevention & Control, has been chosen for inclusion in the Centers for Disease Control and Prevention's (CDC) *2008 Compendium of Evidenced-based HIV Prevention Interventions*. The intervention, **Safe in the City**, [www.safeinthecity.org](http://www.safeinthecity.org), is one of eight new interventions added in 2008. To be included, programs must be scientifically proven to reduce HIV or STD-related risk behaviors, or promote safer behaviors. The *2008 Compendium* is a single source of information that informs prevention practitioners about what works and is critical to the nation's efforts to prevent the further spread of HIV infection.

**Safe in the City** is an educational video shown to patients in STD clinic waiting rooms. Patients who saw the video were 10% less likely to get a new STD than patient who did not see it. The video is now being shown at STD clinics across the US.

Dr. Katz added that he understands the concerns of community members regarding the closure of the ADHC at LHH, and is willing to sit down with them to discuss further, but that he believes the ADHC closure must move ahead as there are alternatives to the ADHC at LHH. In addition to the \$400,000 annual general fund reduction that this cut provides, there is a one-time savings of \$1.5 million to \$2 million with not completing the build out of the ADHC at LHH.



Commissioner Sako asked about when the decision must be made about the build-out. Dr. Katz explained that the capital budget works differently from services. The City has a lump sum capital budget that it prioritizes. He said that the decision would probably be made by the Mayor's office this spring, although it could be overturned by the Board of Supervisors. Commissioner Sako requested that the decision be presented to the LHH JCC.

Commissioner Illig asked about the Prop. T hearing scheduled for City Operations and Neighborhood Services on February 5. Dr. Katz responded that the Department is preserving what the ordinance requires, opiate replacement and residential, as they are the most effective and the most difficult to site if funding were to become available at a later date. However, as the Department reaches for \$100 million in fiscal year cuts, it may be difficult to honor.

Commissioner Illig asked about the capital projects budget for the Stimulus Package. Dr. Katz responded that the SFGH rebuild is fully funded, and the only other "shovel ready" project for the Department is health information technology, which the Department intends to pursue.

#### 4) GENERAL PUBLIC COMMENT

Marie Jobling spoke against the closure of the ADHC at LHH. She offered that the community is willing to work with the Department to try to come to a solution. She added that the capital budget for furniture could be used.

Sandy Mori, Co-Chair of the LTCCC, spoke against the closure of the ADHC at LHH. She would like to explore other options with the Department.

Norma Satten thanked the Commission for their attention. She was present at the early discussions of the LHH rebuild where promises were made to expand the array of home- and community-based services. She feels it's a promise unkept. She also asked about how this fits into the lawsuits the Department has faced.

LaNay Eastman, SFADS Network, explained existing capacity and the transition of clients into new centers. It results in a new intake, and requires that individuals wait until there is an opening. She spoke against the February 20 closure.

Nancy Brundy of the IOA spoke about co-siting ADHCs with FQHCs. There is a model in Marin of a site run by a FQHC in Berkeley. The Department should look to this model. About 17 exist in California. They typically receive more revenue.

Elizabeth Zirker, of Disability Rights California, class counsel of the Chambers case spoke in favor of continued operation of the ADHC. She believes the settlement with DOJ includes expanding ADHC at LHH. Cutting community-based services goes against the Olmsted decision and the ADA.

Cathy Davis, BVHP ADHC urged the Department to use creativity to come up with a solution. The community is willing to work with the Department and the February 20 date doesn't work for the community. There are options available.

Bruce Allison of KPFA said that when he next does his report, he does not want to report that this center has closed.

Benson Nadell, Director of the Long-Term Care Ombudsman program said that the LHH ADHC has a large catchment area, many of whom live in RCFEs who come to the center to get their healthcare. He added that the ADHC is a community with continuity of care and relationships that should be preserved.

Marian Fields, RN at the BVHP ADHC spoke in favor of the atmosphere in which participants interact at an ADHC, and how it's like a second family.

Margaret Baran, In-Home Supportive Services Consortium, spoke against the ADHC closure. She noted that the LHH rebuild has "sucked up" all of the available long-term care dollars. Other possibilities must be explored such as less expensive furniture, redirecting capital funds, foregoing other expenses.

James Chionsini of Planning for Elders in the Central City noted that the aging population is increasing. A community-based program should not be cut in light of these statistics. Services should be augmented. Licenses are limited.

Kim Tsui of an ADHC in the Excelsior noted that she has a one-year waiting list for services and doesn't have the wheelchair or Alzheimer's capacity that the LHH ADHC has. On Lok is not an alternative for many of these clients because they can't keep their family doctors.

#### Commissioner Comments/Follow-Up

Commissioner Illig asked how many of the LHH ADHC clients have a place to go. John Kanaley of LHH noted that of the 88 clients, 22 clients have a new place to go, 66 do not. He noted that many of these people are having difficulty with placement, but they are working on other creative solutions, such as home care. Of the 66 remaining, 64 do not want to be part of PACE. He said that he will "not lock the door" on February 20 if participants do not have a place to go. Dr. Katz added that the Department is in discussion with PACE about the possibility of keeping a particular IHSS worker with a particular client, and are in talks with another ADHC without transportation about providing transportation or other resources. He did state, however that the decision about the closure has been made.

For Follow-up: Commissioner Illig requested an update on these 66 clients at each Commission meeting through the Director's Report. Commissioner Sako suggested that the LHH JCC be used for this purpose as well.

Commissioner Melara expressed her concern about the particular community being served. She asked the Department to consider how to preserve adult day services in the western part of San Francisco.

Commissioner Illig asked about the Fixtures, Furnishings, and Equipment (FFE) budget. Mr. Kanaley responded that it is budgeted through Certificates of Participation and Tobacco Settlement funds. It could be diverted, but it would mean less FFE. He added that only about three percent of the existing FFE will be transferred to the new LHH. In addition, the FFE being installed is not extravagant, so it would mean less FFE in the new building.

For Follow-up: Commissioner Chow noted that there are a series of possibilities, including that the Department house the program, but not run it, the license could be transferred to another entity, or another possibility. Dr. Chow asked for a follow-up report on these other possibilities.



Commissioner Illig noted that the rebuilt LHH is intended to be integrated into, not separate from the community. Without the ADHC, ADCRC, and the meal site, it will be difficult to integrate.

For Follow-up: Commissioner Sako requested a capital spending report to the LHH JCC.

## **5) FINANCE COMMITTEE REPORT**

Commissioner Chow reported on the 2:00 p.m. meeting of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Waters) approved the Consent Calendar of the February 3, 2009 Finance Committee with the exception of the Crestwood contract.

### **Public Comment**

Debbi Lerman of the Human Services Network spoke about the 10 guiding principles of budget reduction strategies that her organization compiled. She noted that these are principles for the short-term fiscal crisis the City faces.

## **6) PRESENTATION OF THE FY 2009-2010 HEALTH DEPARTMENT BUDGET**

Mitch Katz, M.D., Director of Health presented the FY 2009-2010 Health Department budget. Barbara Garcia, Deputy Director of Health presented the reductions to Community Programs. A copy of the presentation is attached as a part of these minutes.

### **Public Comment**

Randolph Vanderford spoke about the treatment options that he was lured into as a patient seeking treatment options. He noted that Project STOP was the only program to provide him with reasonable services. He spoke against the cuts to Project STOP, and said that all outpatient and residential treatment should be modeled after them.

Angela Angstmann, Medical Director at Westside Community Services spoke against the cuts to Westside Crisis. She feels the cut to Westside is disproportionate compared to what other providers are facing. They are the City's sole back up for the City's most vulnerable populations.

Vincent Lao, RN for Westside Crisis Clinic, noted that the program is the backup primary provider for the safety net population. Clients are not receiving services elsewhere in the treatment system. They are seeing a higher level of acuity. They are more cost effective than a PES visit, and the only provider who can provide crisis intervention.

David Powell, Director of Adult Programs for Westside Community Services spoke in favor of the Westside Crisis Clinic. The Crisis Clinic is a safety net for patients who need immediate psychiatric care. They are working on getting grants.

Valerie Gruber spoke in favor of the UCSF Stimulant Treatment Outpatient Program. They serve meth and crack clients. Almost all patients have Medi-Cal. Half have HIV. They have laid-off almost all of their staff. It doesn't make sense to cut this program further.



Michael Siever, Director of Behavioral Health Services at the SF AIDS Foundation and member of the Mayor's Task Force on Crystal Meth spoke against the cuts to the programs that serve the meth amphetamine users. Meth amphetamine is a huge driver of the HIV epidemic. These clients are some of the most vulnerable and most at risk for HIV infection. These cuts will lead to more expensive care needs down the road.

Michael Discepola of the Stonewall Project spoke against the cuts for Stonewall, which serves MSM who use meth amphetamine. Studies show that for every dollar spent on drug treatment results in \$7 of savings downstream.

Sherilyn Adams spoke the \$60,000 cuts to Larkin Street Youth Services. To put this in context, they are also taking a cut from HSA and cuts to their private funding.

Marykate Connor spoke against the elimination of funding for Caduceus. She objects to the ongoing funding of services for Medi-Cal and eliminating funding for those who don't. Some of those without Medi-Cal are the most vulnerable.

Gerardo Ramos, Planning Director at the SF AIDS Foundation spoke in favor of continuing the subsidy program for HIV clients.

Wynship Hillier is a concerned citizen who expressed concern about the Department's ability to get funding from other sources and substituting it for General Fund. For example, he does not believe that the funding from Prop. 63 is reliable.

Jeff Mori noted that Asian American Recovery Services took a mid-year cut, and is slated to take a fiscal year cut as well. He spoke in favor of the budget principles that the Finance Committee considered. He believes that without oversight, behavioral health will disappear. The cuts have implications on criminal justice and public safety.

George Simmons of Catholic Charities reminded the Commission that housing is healthcare. A ten percent cut to housing subsidies represents 33 individuals who are in market rate housing. The \$225 is a real cut for those who will be forced to take it.

#### Commissioner Comment/Follow-Up

Commissioner Chow asked about the screening program for TB control. Dr. Katz noted the difficulty of follow-up with the PPD test, but the QuantiFERON levels are easier to follow-up. There will be a reduction in staffing, but no reduction in follow-up. With the Immunization Clinic, there is a requirement that it run cost neutral. Dr. Katz requested last year that they run at revenue positive, but with the decrease in travel, they will not produce a surplus. Finally, on item F-15, Ms. Garcia noted that they will still get general fund, and the Department will be working with those providers to draw down additional revenue. Finally, Dr. Chow noted the difficulty of primary providers to provide mental health services. Dr. Katz noted that in Ward 86, where he practices, there is a high degree of mental illness. Social workers on the ward are able to provide immediate assistance as part of a team with the ability to refer to psychiatric consult services, allowing primary care providers to manage patients with a high degree of mental illness. Dr. Chow asked whether those resources still exist in this budget. Dr. Katz responded in the affirmative, and that Ms. Garcia is working to get more out of those mental health resources.

Commissioner Sako asked about the percent increase of the UCSF COLA. Dr. Katz responded that we pay according to UCSF's union agreement. Mr. Sass responded that it's in the four to five percent area, but would send the information to the Commissioner. Commissioner Sako asked for an ongoing report on the amount of General Fund dollars that exist in new or renewed contracts. Dr. Katz responded that staff could provide a summary of where the General Fund is contained by division.

Commissioner Illig commended staff on their ingenuity in achieving the cuts presented. He did ask how the UCSF COLA linked with the UC Affiliation Agreement. Dr. Katz responded that they are separate. The COLA is for non-physicians, the cut to the Affiliation Agreement is for physicians. Commissioner Illig noted that he's going to look more closely this year at the regulatory, structural, and revenue-neutral budgets this year, and will schedule a meeting with Mr. Sass to understand their justifications. He wants to minimize cuts to services by reducing these other uses of additional revenue.

For Follow-up: Commissioner Illig requested that the justification on the budget sheets include the Commissioner's principle that is being followed. He asked whether the next budget report would include the full \$50 million of cuts that the Department will need to take. Dr. Katz and Mr. Sass responded in the affirmative.

## 7) OTHER BUSINESS

Commissioner Illig announced that he and Commissioner Melara have been visiting all of the Supervisors, and he will write up a summary of their visits.

## 8) 2009 COMMITTEE STRUCTURE AND MEMBERSHIP

Commissioner Illig announced the new Committee structure and membership:

### **CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE (CHPEC)**

Sonia E. Melara, MSW, Chair  
Steven Tierney, Ed.D., Member  
Margine A. Sako, Member  
James M. Illig, Ex-Officio Member

3<sup>rd</sup> Tuesdays, 2:00 p.m. – 4:00 p.m.  
101 Grove Street, Room 302

### **FINANCE COMMITTEE**

Steven Tierney, Ed.D., Chair  
Edward A. Chow, M.D., Member  
James M. Illig, Member

1<sup>st</sup> Tuesdays, 2:00 p.m. – 4:00 p.m.  
101 Grove Street, Room 302

### **JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL (LHH)**

Margine A. Sako, Chair  
Sonia A. Melara, M.S.W., Member  
James M. Illig, Member

3<sup>rd</sup> Wednesdays, Quarterly (Jan., Apr.  
July, Oct.) 3:30 p.m. – 5:00 p.m.  
LHH Conference Room A-300

**JOINT CONFERENCE COMMITTEE FOR  
SAN FRANCISCO GENERAL HOSPITAL (SFGH)**

Edward A. Chow, M.D., Chair  
Catherine M. Waters, RN, Ph.D., Member  
David J. Sanchez, Jr., Ph.D., Member

2<sup>nd</sup> Tuesdays, 3:00 p.m. - 5:00 p.m.  
SFGH Conference Room 2A6

**IHSS PUBLIC AUTHORITY**

James M. Illig

**S.F. HEALTH AUTHORITY**

Catherine M. Waters, RN, Ph.D.

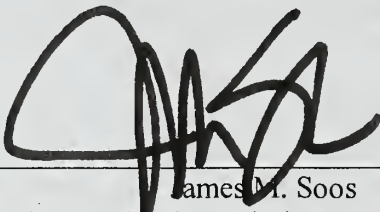
**SFGH FOUNDATION**

David J. Sanchez, Jr., Ph.D.

For Follow-up: Commissioner Illig announced that he would forward to all Commissioners an opinion from the City Attorney about how the Commission may take public comment.

**9) ADJOURNMENT**

The meeting was adjourned at 6:57 p.m.

A handwritten signature in black ink, appearing to be 'James M. Soos', written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary

Attachment (1)



## San Francisco Department of Public Health Budget Update FY 2009-2010

## Budget Process – Introduction

In this first budget report to the Health Commission, we are presenting detail on several important components of the overall budget that we will ultimately submit to the Mayor's Office. These include:

- Structural needs where we are underfunded in the current year
- Regulatory requirements
- Inflationary issues
- Increases to revenues that serve to offset these expenses, and
- Reduction initiatives that can be presented at this time.

## Budget Process – Health Commission

The Health Commission has taken an active and participative role in setting priorities and reviewing budget initiatives

At the October 21 meeting, the Health Commission adopted principles to guide development of the Department's budget

The Health Commission is reviewing these principles in the context of the unprecedented growth in the City-wide projected deficit and the level of reductions required from Public Health towards balancing the City budget.

## Budget Process – Integration Steering Committee

The Integration Steering Committee consists of senior administrative and clinical leadership from the Department's delivery system.

This leadership group has continued to function as the Executive Budget Planning Committee for the department.

Guided by the principles adopted by our Health Commission, the Committee works collaboratively to identify and develop initiatives that work to the benefit of the entire Health Department and its clients.

## Citywide Budget

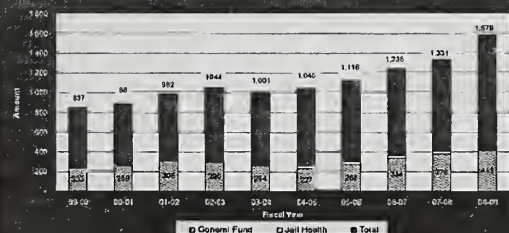
The City is projecting a \$460M shortfall for 2009-10

Departments are asked to submit a base budget with a 12.5% reduction in general fund and submit an additional 12.5% contingency reduction. The combined reduction would produce approximately \$300M in General Fund savings, which is short of the projected \$460M shortfall. The Mayor's budget office hopes to address the remaining shortfall with a combination of department consolidations, labor concessions, reduced capital expenditures and transfers from the rainy day reserve.

The Health Department's reduction target is \$50.08M base and \$50.08M contingency.

There is a City-Wide hiring freeze on all non-essential positions.

## DPH Budget History (In Millions of Dollars)



## Status of 2008-09 Department Budget

We enter the 2009-10 budget process with an \$11.5M projected surplus.

This surplus is primarily a result of mid-year reductions taken in August and January.

Revenues are anticipated to exceed budget \$10.6M. This additional revenue has been programmed into our budget for the coming year.

Expenditures are projected to be within budget for the Department taken as a whole, however we continue to see overspending at our hospitals that is a result of underfunding of structural needs in the 2008-09 budget. These additional structural needs have also been included in our budget for the coming year.

## Increased Revenues

Increased revenue provides funding to absorb structural, regulatory and inflationary costs and contributes funding to offset other budget issues.

Consistent with the first budget principle which states: *The Department shall develop a budget to include revenue increases to the maximum extent possible*, we are carefully evaluating all opportunities to grow our revenues.

## Increased Revenues

Baseline Revenue - SFGH (A1)	\$15,968,905
Baseline Revenue - LHH (A2)	6,176,276
Adult Immunization and Travel Clinic Fee Revenue - AITC (A3)	(210,000)
Revenue from Supply Implants and ED - SFGH (A4)	648,584
SFGH Lien Recovery from Municipal Transportation Authority (A5)	<u>1,500,000</u>
<b>Total Revenues</b>	<b>\$ 24,097,366</b>

## Inflationary Increases

We are anticipating the expected increase in costs of pharmaceuticals and rents and leases. In addition, we have a contractual obligation to fund the increased costs of non physician faculty that is provided by UCSF.

Following are the initiatives identified at this time.

Pharmacy Inflation - Dept Wide (B1)	\$1,526,764
Laundry contract increases - LHH (B2)	\$23,778
MIS Systems Inflationary Costs - CHS (B3)	109,177
UCSF Non Clinician COLA - SFGH (B4)	702,154
Direct Access to Imaging Master Lease and operating costs - DMI (B5)	<u>250,472</u>
<b>Total Inflationary</b>	<b>\$3,171,945</b>

## Revenue Neutral Programs

One fortuitous aspect of our ability to generate revenue is that in a few cases we are able to create new services, which are funded entirely through revenues linked to the services.

	Expenditure	Revenue	General Fund
Emergency Medicine Residency Program - SFGH (C1)	\$297,575	\$297,575	\$0
ADAP Adjustment - Jail Health (C2)	175,979	175,979	0
Therapeutic Foster Care - CBHS (C3)	1,200,000	1,200,000	
<b>Total Revenue Neutral</b>	<b>\$1,673,554</b>	<b>\$1,673,554</b>	<b>\$0</b>

## Regulatory Issues

SFGH is requesting funding for an infection surveillance worker to respond to new regulations that became effective 1-1-09 plus additional funding for increased lab testing.

Infection control position to conduct hospital wide surveillance - SFGH (D1)	\$143,000
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## Structural Issues

There are a number of issues that are resulting in overspending for the current year.

As detailed in our financial reports to the Health Commission, we were not funded for certain structural needs identified last year, due to a lack of revenue growth and available General Fund.

The continued high patient volume at San Francisco General Hospital which exceeds budgeted census by 4.8%, results in increased costs of nurse staffing.

The high volume at SFGH has increased the need to find alternative placements for patients who cannot return to the community, and the costs of those placements continue to grow beyond our budgeted spending authority.

It is important to document these structural needs in our budget submission but recognize that it might not be possible to fully fund them.

## Structural Issues

Salary Structural Fix - SFGH (E1)	\$5,031,536
Salary Structural Fix - LHH (E2)	2,174,262
Buprenorphine pharmacy costs - CBHS (E3)	\$02,500
Pharmaceuticals Structural Fix LHH (E4)	900,000
Community Placement Program Shortfall - CBHS MH (E5)	8,788,798
Salary Structural Fix - CBHS MH (F6)	<u>935,000</u>
<b>Total Structural</b>	<b>\$18,332,096</b>

## Reductions in Spending

Security Clearance - Dept wide (F1)	\$2,711,139
Conversion of Acute Psych Unit to a Non-Acute unit - SFGH (F2)	(310,436)
Reduction to UCSF Affiliation Agreement - SFGH (F3)	1,542,678
3P's Reduction to Health at Home - HAH (F4)	970,852
Consolidations in disease and clinical activities - Disease Control (F5)	700,000
Health Services Reduction - AIDS (F6)	370,780
Staff Reduction - Jail Health (F7)	168,350
Leasing, Short-Dwyle Medi-Cal at 3 Supportive Housing Sites - HAH (F8)	357,201
Increased client fees for HIV/AIDS - HAH (F9)	359,340

## Reductions in Spending

Priority Mental Health Services to persons with serious mental illness - CBHS (F10)	983,452
Additional reduction to Civil Service Staff - CBHS (F11)	1,332,869
Administrative Position Reductions - CBHS (F12)	1,699,421
Community Programs Business Office Position - CBHS (F13)	\$46,075
Reduction of Technical Health Services - CBHS (F14)	1,039,533
Behavioral Health Contractor Reductions - CBHS (F15)	4,147,957
Nursing Administrative Position Changes - LHH (F16)	\$2,333
Nursing Skill Mix Changes - LHH (F17)	<u>121,653</u>
<b>Total Structural</b>	<b>\$18,669,669</b>

## Reductions to Community Programs

Budget Item	Civil Service FTE	Total Reduction FY08_09	Total GP Savings FY08_09	Total Reduction FY09_10	Revenue Loss FY08_09	Total GP Savings FY09_10	Section
EP Business Office Formation	(4.00)	(1/2,148)	(72,548)			(72,548)	All
Administrative Position Reductions	(4.70)						
Administrative Position Reductions to Mission		(418,630)	(225,636)			(1,473,695)	CHHS
Additional Reductions to CBHS Civil Service Staff	(12.94)	(110,382)	(110,382)			(1,341,275)	CHHS
Priority Mental Health Services to persons with serious mental illness	(7.55)					(983,452)	CHHS
<b>Subtotal Civil Service Reductions</b>	<b>(27.84)</b>	<b>(608,814)</b>	<b>(408,814)</b>			<b>(4,078,041)</b>	

## Reductions to Community Programs

Budget Item	Civil Service FTE	Total Reduction FY08_09	Total GP Savings FY08_09	Total Reduction FY09_10	Revenue Loss FY08_09	Total GP Savings FY09_10	Section
Leasing, Short-Dwyle Medi-Cal at 3 Supportive Housing Sites						(357,201)	MHA
12% Reduction in all 3000+ Hourly Salary Positions						(688,340)	MHA
Behavioral Health Contractor Reductions					\$ (4,147,957)	\$ (4,147,957)	CHHS
Reduction of Behavioral Health Services		(115,445)	(115,445)	(8,223,611)		(5,398,465)	CHHS
<b>Total Contractors, Reduction/Reductions Savings</b>		<b>(115,445)</b>	<b>(115,445)</b>	<b>(8,223,611)</b>		<b>(5,398,465)</b>	
<b>Total General Fund Savings</b>	<b>(27.34)</b>	<b>(604,459)</b>	<b>(604,459)</b>	<b>(10,352,612)</b>	<b>(255,316)</b>	<b>(10,607,569)</b>	



## Summary

Revenue Increases	\$21,097,366
Revenue Neutral	0
Total Revenue	24,097,366
Regulatory	(143,000)
Inflationary	(3,171,945)
Structural	(18,332,096)
Reductions	18,660,660
Total Regulatory, Inflationary, Structural, Reductions	(\$2,977,372)
Grand Total Revenue, Revenue Neutral, Regulatory, Inflationary, Structural	\$21,119,994
General Fund Base Reduction Target	\$0,080,000
Total General Fund Reduction remaining	\$28,960,006

## Next Steps

Continue to refine Revenue, Revenue Neutral, Inflationary, Regulatory, and Structural items to minimize additional costs and identify revenue opportunities, with a goal of reducing funding need.

Identify cost reductions through re-programming of services, or reductions in administrative and service costs to deliver General Fund savings.

Return with a full budget presentation to the Health Commission as soon as we can.

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, February 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

GOVERNMENT  
DOCUMENTS DEPT

JUL 25 2011

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 3, 2009  
*\*Minutes of the meeting of February 3, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION: CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)
- 6) FOR DISCUSSION AND POSSIBLE ACTION: PRESENTATION OF THE FY 2009-2010 HEALTH DEPARTMENT BUDGET  
(Gregg Sass, Chief Financial Officer)  
*\*Proposed Budget and Resolution*
- 7) OTHER BUSINESS\*\*\*





## **8) ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220,



San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, February 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302

San Francisco, CA 94102

#### 1) CALL TO ORDER

The meeting was called to order at 4:03 p.m.

Present: President James M. Illig  
Vice President Sonia E. Melara  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 3, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of the meeting of February 3, 2009.

The Commission requested that a checklist of follow-up items be included as part of the minutes.

### 3) DIRECTOR'S REPORT

#### **House Approves \$789 Billion Economic Stimulus Package**

On Friday afternoon, the House approved a compromise \$789 billion economic stimulus bill designed to jump-start the American economy. The Senate is expected to vote on the bill on Friday evening. While most of the package targets "shovel-ready" infrastructure projects, a number of provisions of the bill could bring significant benefit to the Department. Those provisions that impact the Department include:

- Extension of the moratoria on seven Bush-administration Medicaid rules through June 2009. If implemented, these rules were estimated to cost San Francisco General Hospital more than \$29 million annually in lost Medi-Cal funding.
- A temporary increase in the FMAP, or federal share of Medicaid payments through December 2010. This provision is anticipated to result in \$27 million in additional Medi-Cal revenue for the current 2008-09 fiscal year and the 2009-10 budget year.
- Investment in health information technology. The Department has identified \$12 million in potentially eligible health information projects, including a new ambulatory electronic health record for the Healthy San Francisco program.
- New funding for prevention and wellness programs. Nearly \$10 million in Department-wide programs have been identified for submission including programs targeting physical activity, nutrition, fetal infant mortality, and smoking cessation.
- Funding for renovation of federally qualified health centers (FQHCs). Currently the Department has six "shovel-ready" clinic renovation projects valued at more than \$9 million.
- Additional funding for pandemic flu and biomedical preparedness. The Department has identified \$2 million in potential preparedness projects.

Department staff continues to work with the Mayor's Office, other City departments and our State and federal lobbyists to ensure that the Department and the City are well positioned to benefit from this significant inflow of funding. As you are aware, this has been an item that has moved quickly and continues to develop. I will continue to provide updates to the Commission as they become available.

#### **Nurses Union Agree to Wage Concessions**

Mayor Gavin Newsom has announced the first wage concession agreement this year by a City labor union. On February 12, the City's negotiating team and the Teamsters, Local 856 reached a tentative agreement for wage concessions in the Supervising Nurses labor agreement. These 126 nursing supervisors and directors are currently in a closed contract with guaranteed wage increases, but have agreed to reduce their upcoming wages. The agreement saves \$113,000 in the current fiscal year and approximately \$800,000 in fiscal year 2009-2010, reducing the City's wage costs next year by 3.72%.

The agreement is subject to ratification by the union's membership and final adoption of the contract amendment by the Board of Supervisors.

Commissioner Illig praised the supervising nurses for this wage concession, and called upon the other unions to do the same.



### **Healthy San Francisco Expands Coverage to 500% of Federal Poverty Level**

We continue to expand our roll out of Healthy San Francisco by increasing the eligibility for enrollment to residents with annual incomes at or below 500% of the Federal Poverty Level. For an individual, this means an income of around \$52,000; for a family of four, \$106,000.

Mayor Newsom made the announcement on February 10, noting that over 35,000 residents are already enrolled in the program. The expansion to 500% of the Federal Poverty Level recognizes the fact that uninsured residents with modest incomes also have difficulty accessing healthcare.

For a complete copy of the Mayor's Press Release about Healthy San Francisco's expansion, go to [http://www.sfgov.org/site/mayor\\_index.asp?id=98409](http://www.sfgov.org/site/mayor_index.asp?id=98409).

### **"Disease control is at its best when you don't notice that it is done."**

In late January, Communicable Disease Control & Prevention (CDCP) received a report of a probable case of measles in an adult San Francisco resident. He had recently traveled abroad and had known contact with a case of measles. Our disease control team worked long hours and into the evening to interview the individual and his immediate family, gather laboratory specimens, and place him in isolation and his household members into quarantine. The next day, the California Department of Public Health confirmed the individual was positive for measles.

In response, the CDCP section activated IDER—our ICS compliant Infectious Disease Emergency Response structure—to better manage and handle the work load. IDER was activated for 13 days and utilized nearly 100 staff from Community Health Programs. Approximately 122 staff were trained and 60 were called in as part of the response. In all, we identified and contacted 73 exposed people, and gathered information on an additional 69 people who may have been exposed. Twenty four people were quarantined, and 18 people had blood drawn to prove their immunity to measles. As expected, two of the initial case's unvaccinated household contacts developed measles, but because they had been in quarantine during their infectious period, did not spread the disease further. I believe that the Department's rapid response, early involvement, aggressive disease control measures and recruitment of additional staff from within the Department, helped avert any further spread of measles. This event underscores the importance of immunization and the public health principle that, "Disease control is at its best when you don't notice that it is done." Many thanks to all those who participated in this successful measles prevention case.

### **The California Endowment Awards Grant to Healthy San Francisco and to Shape Up SF**

The California Endowment has awarded two grants that will further the work of DPH.

The Department of Public Health received a \$250,000 grant from the California Endowment to support a comprehensive evaluation of the Healthy San Francisco program. The evaluation will measure the program's ability to improve access to care and help identify potential modifications in program design, clinical service delivery, or administrative operations. We are grateful to the California Endowment for their support of efforts that improve the health of underserved individuals and families by expanding access to health services.

The second grant from the California Endowment comes to Shape Up SF's Physical Activity Council (PAC) which was awarded a \$162,000 grant. The grant, to begin immediately, will allow PAC members and SFSU Professor of Kinesiology Susan Zieff, PhD, to conduct an in-depth analysis of local policies that help/hinder people's ability to physically active. This grant builds on Dr. Zieff's formative research in which Shape Up SF provided a supporting role. The policy analysis will focus specifically on those communities most impacted by chronic disease. Shape Up will integrate feedback from African American and Latino communities in the development of final

policy recommendations. Thanks to the California Endowment for their support of this important and innovative work.

### **International Delegation Visit**

Late last month the SFGH Birth Center and the HIV/AIDS Prevention Section hosted senior-level health care executives from a number of Central Asian countries including Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. The delegates were here as part of the Special American Business Internship Training Program, designed to familiarize senior-level hospital administrators with U.S. industry standards and trends in hospital administration. The program is a division of the U.S. Department of Commerce, International Trade Administration.

During the morning, the delegation spent time with the HIV Prevention staff at 25 Van Ness to learn about the prevention strategies and outreach efforts that have worked in San Francisco among the MSM populations, and heard a presentation on current HIV testing technologies that are being implemented here in San Francisco. HIV/AIDS prevention and treatment in these countries lags years behind the advances and policies of more developed ones.

Later in the afternoon, staff at the Birth Center at SFGH provided them with an overview of the Perinatal Division and facilities, the RN training program, a discussion about security issues, and a visit with perinatologists and labor and delivery nurses.

The Department is a frequent host to many international delegations throughout the year who come to San Francisco to learn about topics such as best practices in public health policy planning, communicable disease control, food safety, hospital management and, of a more pragmatic and pressing need, how to deliver public health services to economically disadvantaged populations.

We also assist many of these delegations with visa letters and, when possible, identify a staff person to do the presentation in the native language of the delegation. With today's economic crisis that has compelled public health departments everywhere to do more with less, we are proud to be able to share what we know with those countries whose public health leaders seek new ideas and whose resources are critically compromised.

### **Public Health Lab Seeing Increases in Norovirus**

Like other parts of the state, San Francisco is seeing more Norovirus outbreaks. The Public Health lab located here at 101 Grove St. has been assisting Communicable Disease Control and Prevention Unit in their recent investigations at group facilities.

### **African-American Women's Health Celebration at Southeast Health Center**

The Southeast Health Center is sponsoring an important community wide African-American Women's Health Fair on Saturday, February 21 at the Bayview Opera House (3<sup>rd</sup> St. @ Oakdale) from 8 a.m. - 3:30 p.m. The event includes such highlights as mammograms, smoking cessation, resources for pregnant or postpartum women, free workshops, substance and alcohol abuse assistance, asthma information and free food, music and prizes. The Susan G. Komen for the Cure and the California Pacific Medical Center have partnered with us to bring this day-long event into an underserved community. We invite the Commissioners to set aside some time on Saturday to stop by this community celebration. Many thanks to Veronica Shepard, Community Health Worker at Southeast Health Center, who has worked for months to bring this event to the community



### **Highly Effective STD Prevention Campaign Returns**

The STD Prevention & Control Unit, joined by Supervisor Bevan Dufty, held a press event on Friday in the Castro to relaunch the "Healthy Penis" campaign, [www.healthypenis.org](http://www.healthypenis.org).

This highly-popular and effective campaign originated in San Francisco in 2002 under the creative direction of Better World Advertising and encouraged men who have sex with men to get tested for syphilis. The healthy penis appeared on t-shirts, in a series of cartoon print ads, as novelty items and as a 6-foot tall costume worn by staff in parades and other community events. After three years in San Francisco and a measured decline in syphilis, the campaign was retired and moved on to other cities. The healthy penis, updated material and new ads have returned to San Francisco in the spirit of the current economy, the historic success of the campaign and the City's emphasis on recycling--even its best ideas.

### **Arbor Day Details for Honoring Dr. Ellen Wolfe**

The previous Director's Report included a preliminary item about Mayor Newsom planting a tree on Arbor Day to honor the life and work of Dr. Ellen Wolfe. I hope the Commissioners, staff and friends of Dr. Wolfe will join me on March 11<sup>th</sup> at 11 a.m. at the corner of South Van Ness and Howard St. for this important Arbor Day tribute. Members of Dr. Wolfe's family will be traveling to San Francisco for this event. We anticipate a good turn out from the DPH family as well. I am attaching a copy of the letter from Mohammed Nuru, Deputy Director for Operations, with more details.

### **Kanaley Appointed to Board of Directors Hospital Council**

Congratulations to Laguna Honda Executive Director John T. Kanaley who has been appointed to the board of directors of the Hospital Council of Northern and Central California.

John was appointed by San Francisco member hospitals to represent the San Francisco section of the organization for the 2009 term. John's nearly thirty years of experience in hospital management lends a strong public sector perspective to the Council's legislative and public education efforts.

Dr. Katz also reported on the identification of placements for adult day health center (ADHC) clients at Laguna Honda Hospital. Since the Health Commission meeting of February 3, many of the participants have found other arrangements. Currently the Department is on the same schedule and will be reducing the staff at the ADHC after February 20 and running a smaller program.

Commissioner Waters noted that Gene O'Connell was honored at the "Hearts and Heroes" luncheon of the San Francisco General Hospital Foundation last week.



**FEBRUARY 2009****Health Commission - Director of Health Report**

(02/09/09 MEC)

	02/09	07/08 to 06/09
<b>New Appointments</b>	<b>11</b>	<b>189</b>
Reinstatements	0	1
<b>Reappointments</b>	<b>31</b>	<b>312</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>21</b>	<b>146</b>
Disciplinary Actions	0	0
<b>Restriction/Limitation-Privileges</b>	<b>0</b>	<b>0</b>
<b>Deceased</b>	<b>0</b>	<b>1</b>
<b>Changes in Privileges</b>		
Additions	6	46
Voluntary Relinquishments	1	29
Proctorship Completed	15	159
Proctorship Extension	0	0

**Current Statistics – as of 01/26/09**

Active Staff	510
Courtesy Staff	563
Affiliate Professionals (non-physicians)	244
<b>TOTAL MEMBERS</b>	<b>1,317</b>

Applications In Process	16
Applications Withdrawn Month of February 2009	0
SFGH Reappointments in Process 03/2009 to 06/2009	179

**4) GENERAL PUBLIC COMMENT**

There was no general public comment.

5) **CITYWIDE HEALTH PLANNING AND EFFECTIVENESS COMMITTEE REPORT**

Commissioner Melara reported on the meeting of the CHPEC. She reported on the report of the Long Term Care Coordinating Committee's "Living with Dignity Strategic Plan." The Committee requested that staff give the CHPEC a quarterly update on implementation of the Plan. The Committee also took on the Budget Principles of the Health Commission, which was accepted with minor amendments.

6) **PRESENTATION OF THE FY 2009-2010 HEALTH POSSIBLE DEPARTMENT BUDGET**

Commissioner Illig presented the Budget Principles as amended by the Citywide Health Planning and Effectiveness Committee.

Commissioner Comments:

Commissioner Chow questioned the role of effectiveness review, as many programs that are very effective may still be eliminated. Commissioner Tierney responded that evaluation and review of programs that the Department funds have been goals of the Commission and Department for years. He added that for excellent programs, it should be the goal to work with the community to ensure that the service or program is continued elsewhere in the community. Dr. Katz suggested that evaluation be done in comparison to other similar programs or services.

Action: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the amended principles. A copy is attached and included as part of these minutes.

Dr. Katz; Gregg Sass, CFO; and Barbara Garcia, Deputy Director and Director of Community Programs presented the second half of the Department's FY 2009-10 base budget. A copy of the presentation is attached and included as part of these minutes.

Commissioner Comments:

Commissioner Illig asked about item A9, and whether private hospitals are willing to pay a patch for Laguna Honda Hospital. Dr. Katz responded that he does not know, but suspects they would not. However, that would free up beds for SFGH, which would reduce SFGH's administrative days.

Dr. Chow asked whether we can expect \$500,000 in revenue from those hospitals and whether there is an obligation for hospitals to pay the patch. Dr. Katz responded that even without revenue from other hospitals, the Department would see an equal or greater benefit through the reduction of administrative days at SFGH. He added that the Department pays a patch to skilled nursing facilities for difficult placements.

Commissioner Melara asked whether the fee would count toward hospitals' charity care obligation. Dr. Katz responded that it would count toward community benefit, but does not believe it would be considered charity care.

Commissioner Illig asked about push back on the rent increases (item B6). Dr. Katz responded that he's not locking the Department into leases now because he believes that as the economy gets worse, the ability of the Department to lease will improve.

Commissioner Illig responded that he would not vote in favor of item B4, the non-faculty staff COLA because Department staff and other contractor staff are taking cuts. Dr. Katz responded that it would require that City requisitions be obtained to hire those professionals. Commissioner Melara requested that there be an analysis of the cost-benefit of contracting versus hiring civil service staff.

Commissioner Sako asked about the details of item B4, the non-faculty staff COLA, including staff positions affected and the percent increase. Mr. Sass responded that he would get that information. Commissioner Sako asked what other hospitals are paying for similar positions.

Commissioner Chow asked whether the Department's capacity to respond to public health emergencies will be affected by the cuts. Dr. Katz responded in the negative. Cuts to communicable disease have been included in STD and TB, with effective alternative models identified.

Commissioner Illig proposed that the salary structural fixes in the budget (items E1 and E2) be eliminated and put back onto the Mayor's Office and Human Resources. Dr. Katz asked how the Commission would like to implement this. Commissioner Illig responded that the Department needs to have budget discipline within its sections and that the Mayor's Office needs to take these fixes into account when negotiating union contracts. Commissioner Chow noted that removing the fixes from the budget would require either raising revenue in another line item or laying off staff. Dr. Katz replied that it could also come from a hiring freeze, but that there should be transparency about how the Department will deal with a budget line item. Mr. Sass added that other Departments benefit from attrition savings, but because of the nature of the Department's work, DPH does not benefit from attrition savings because positions at the hospitals need to be backfilled.

Commissioner Chow asked whether there is ability to be creative with item E5, community placement program patches. Commissioner Illig added that he believes there are creative ways to deal with community placements. Dr. Katz replied that he could lower the amount, but without the patches, there would be additional costs in SFGH administrative days that would outweigh the savings of reducing or eliminating the patches.

Commissioner Waters asked about an impression that she has heard from community partners that they were not included in the process until after the cuts were made. Ms. Garcia replied that with cuts, the Department has tried to give notice to the Commission first to get approval, and then work with the community partners regarding how to implement the cuts. She works with a 70-member stakeholder work group to plan for and implement the cuts. Commissioner Illig asked for a write up on the stakeholder process, and commended Ms. Garcia on the process this year. Ms. Garcia responded in that she would prepare a write up.

Commissioner Tierney asked about item F15, behavioral health contractor reductions, and whether the cuts were made to the larger providers, sparing smaller providers. He suggested that perhaps the Department should reduce the number of providers and seek economies of scale. Ms. Garcia responded that the next phase is to cascade the cuts to reduce the number of providers. She added that there will be a next round of cuts, and that there would be natural attrition of providers.

Commissioner Tierney asked about the cut to HIV Prevention Reduction (item F22) and how there could be no service affects. Ms. Garcia responded that she believes it is an RFP that was never issued.

Commissioner Sako asked about duplication of case managers under item F15, behavioral health contractor reductions, and whether there would be cuts to programs that would result in elimination of



all case management for some clients. Ms. Garcia responded that was an issue she would be working with community partners to address.

Commissioner Tierney asked about the justification to item G1, the increased operating costs of the new Laguna Honda Hospital, some of which should be provided through private foundation funds.

Commissioner Illig noted that he will not support item G4, as the ambulatory health record should be covered under the federal Stimulus package. Commissioner Chow asked about the \$6 million for the ambulatory electronic health record, and whether it needs to be budgeted in order to apply for it. Dr. Katz replied that the Stimulus legislation is so new that no one yet fully understands what is contained in it or whether the Department can apply for it. In addition, the Department has many information technology needs.

#### Public Comment:

Commissioner Illig prefaced public comment by noting that even with a \$100 million cut, the Department still has a \$1.4 billion budget, and San Francisco will still spend more per capita on public health than any other jurisdiction in the country. He noted that the enemy is the economy and not the people in the Department or at City Hall.

Jacob Moody testified against the cut to the Bridge to Recovery program at the County Jail, while no cut is being made to post-release services. He stated that he would like a more equitable cut be made.

Bob Rybicki of Westside Mental Health spoke against the cut to the crisis clinic. Using the Department's priorities and cost-effectiveness, the program should continue.

Richard Heasley spoke against the cuts to item F15. He noted that not all case management programs are created equally. He proposed that the cuts be made at the clinics rather than to the community providers. It's not only less costly, but more efficient and better.

Louise Foo of Conard House spoke against the cuts to Conard House. She believes that care management should be handled exclusively through Conard and not the outpatient clinics.

Seth Katzman of Conard House testified that there is no duplication of case management with the clinics, as their clients do not receive case management through the clinics. Conard House assumes case management responsibilities for all of its clients. Services at clinics are not reliably available.

Donna Castelli spoke against the cuts to Conard House. She believes the services are necessary for clients who are dually and triply diagnosed. Services do not duplicate city case management services. They frequently receive calls from city case managers about their clients.

Dave Monaghan, a case manager at Conard House, noted that they provide essential services to vulnerable populations, which do not duplicate City services and save money for the City in other areas, including PES and SFGH.

Jesse Stevens, a client of Conard House since 1991 spoke in favor of the services he receives from Conard House and how they've saved his life.

Alexandra Kutick spoke in favor of the services provide through supportive housing. Reduction in services will shift the burden to emergency services and criminal justice.

Saadia Al Khalifa of Conard House spoke against the cuts to supportive housing. She believes this budget cut will lead to additional homeless and result in a loss of dignity to clients.

Elizabeth Barnes, a case manager at Conard House, testified that supportive housing results in savings to the City. Without supportive housing, there will be an increased hospital and jail costs. Also, these programs do not duplicate City case management services. This is a cut to the most vulnerable clients.

Heath Hodge, program director at Conard House co-ops, stated that there is no duplication of services between Conard House and City case managers. Conard case managers work directly on site with clients, which City case managers do not.

Jennifer Friedenbach from the Coalition on Homelessness noted that they had worked with the Department to establish a single standard of care. Cutting services to the uninsured mental health patients will result in higher costs in PES and other costs. Cuts to Caduceus are misplaced.

Matthias Mormino believes that the Department should look for ways to cut that don't cut people from their services. He believes that there needs to be a plural process to raise revenues. We should all feel the crisis.

Phil Fong of Conard House testified that he had worked at a clinic prior to working at Conard. At Conard, case managers work with clients in a more holistic manner. Case managers at Conard can identify problems with clients much more quickly than City case managers. Cuts should be made at the clinics.

Jenny Wiley of Hospitality House spoke in favor of funding the lowest level of care.

Ed Warshauer commended the Commission on its work. He noted that the Mayor has exempted Healthy SF. However, these cuts, especially those to mental health, will impact Healthy SF. The voters must be asked to support programs, including Healthy SF. He does not believe that the private system is participating in charity care as much as it should be.

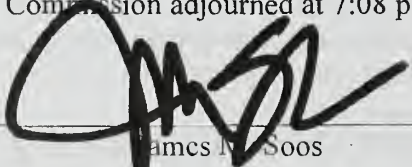
Commissioner Sako asked Ms. Garcia about effectiveness and efficiency. She stated that non-profits and the Department should be measured against the same standard.

7) **OTHER BUSINESS**

None.

8) **ADJOURNMENT**

The Commission adjourned at 7:08 p.m.



James N. Soos  
Acting Health Commission Executive Secretary

Attachments: (2)

# **Health Commission Principles to Guide Budget Reductions**

**Adopted February 17, 2009**

## **PREAMBLE**

The Department of Public Health is committed to improving the health of all San Franciscans. In order to accomplish this goal, the Department funds programs inside DPH and in communities across the city. These partnerships enable us to provide the highest quality health services in all neighborhoods of the City. In order to accomplish these goals in challenging fiscal times, it is necessary to set budget priorities. The priorities and policies that govern health funding in San Francisco require the active involvement of the Health Commission, the Health Department staff, community partners, the Mayor, the Board of Supervisors and the public. The policies and budget assumptions for 2009-2010 are:

- The Health Department operates, and plans to rebuild, an acute care hospital and trauma center, and must meet all regulatory requirements in order to do so.
- The Health Department operates, and is currently rebuilding, a long-term care facility, and must meet all regulatory requirements in order to do so.
- The Department has a County and State mandated role to control the spread of communicable illness, including tuberculosis, sexually transmitted diseases, HIV/AIDS. These activities must be adequately funded to fulfill this role.
- Healthy San Francisco is a citywide priority, and the Health Department operates a primary care network that is critical to the success of Healthy San Francisco.
- The Health Department depends on successful partnerships with community based organizations.
- The Health Department is committed to community-based alternatives to institutional and long-term care.
- A number of Health Department budget allocations are used to draw down State and Federal funds.
- The Department is developing measures and outcomes for all programs that it operates and funds.
- Cultural and linguistic competency is integral to effective service delivery by both city-operated and contracted services.

Given the above budget assumptions, which must be adequately funded, the budget principles that are adopted by the Health Commission will be applied to the remaining portion of the budget.

## **Revenue**

1. The Department shall develop a budget to include revenue increases to the maximum extent possible.
2. The Department shall ensure that fee-based programs will have fees set to recover costs, and those programs that are financially self-sustaining will be exempt from cuts (e.g., immunization clinic, outpatient dialysis), although cost reductions within them can be considered.
3. The Department will minimize cuts to leveraged services whose General Funds draw down MediCal, state and federal funding, grants, etc.



4. Any reduction in the General Fund will be presented in the context of other revenues, including grants, for the identified services.

### **Vulnerable Populations**

5. In proposing cuts the Department will minimize the impact on vulnerable populations. We define vulnerable populations as low income persons with the following characteristics:
  - Lowest Income: Prioritize services for the very poor over services for the poor.
  - More Severe Illness: Prioritize services for those with serious illness over those with moderate illness.
  - Health Disparities: Prioritize services addressing populations with known disparities over programs serving the general population.
  - Homeless: Prioritize services for the homeless over the housed.
6. Given that most clients we serve fit at least one of these characteristics, clients fitting multiple categories would be judged to be more vulnerable than other persons.
7. The Department will identify those vulnerable persons most likely from history or condition to need institutional care, and maintain community-based services and support for those persons to avoid higher-end costs.

### **Core Functions**

8. In proposing cuts, the Department will focus on its core functions:
  - to assure a primary care home for every uninsured and underinsured person, and maintain the physical and behavioral healthcare safety net for low-income, vulnerable populations,
  - to provide emergency care for accidents and diseases that are life-threatening,
  - to protect the public's health through education and infectious disease control.
9. The revised DPH Strategic Plan now incorporates the four priority Community Benefit Partnership goals into the plan: Access to Care, Communicable Disease Control, Chronic Care Management, and Violence Prevention. DPH and our community partners must work together to address these priorities.

### **Primary Care Teams**

10. In the near future, valuable services such as housing, skilled nursing care, diagnostics, medical specialty care, and home health care should be treated as specialty care; that is, the need for the care should be defined by the interaction between the primary care provider and the patient. Use of these resources should be coordinated by the primary providers, thereby minimizing duplication and ensuring equity of service delivery.
11. In the near future, primary care teams for severely mentally ill persons should include multidisciplinary approaches to manage chronic conditions and promote recovery and wellness in community settings.

### **Service Reductions**

12. The Department will identify those services of the highest priority where no cuts will be recommended and those services of moderate priority where some cuts can be recommended.

13. The Department will continue to fulfill its legally mandated functions, although we may recommend cuts to fulfill this mandate at lower expenses.
14. When making service cuts, the Department will try to mitigate them by substituting a less expensive level of service for the same population, or look for opportunities to provide a similar service at a lower cost.
15. In proposing cuts, the Department will take into account the availability and capacity of other providers in the community who can offer the same or alternative services for the same population.
16. Budget cuts should directly address the need in today's economy for efficiency of scale, so the Department will identify savings from service efficiencies and coordination, consolidation of functions and structures, and administrative streamlining.
17. Budget principles and reductions will apply equally to providers of identified services, regardless of whether they are operated by city or contract staff.
18. In proposing cuts, the Department will consider the ease or difficulty of growing services back when there is additional funding.

### **Budget Approval Process**

In proposing budget cuts or funding restorations, the following questions should be answered by staff in the presentation to the Commission and the public:

- Priorities and Principles Review How do these reductions (and/or restorations) relate specifically to the priorities and principles set by the Health Commission and the Director for improving the health of all San Franciscans. (What are the impacts of this budget action on those strategic priorities; are they congruent with stated priorities?)
- Effectiveness review What are the effectiveness and efficiency evaluations for the programs proposed for reductions or restorations as compared with other similar programs. (How effective and efficient is this program in meeting the goals referred to above, stipulated in RFPs and contracts, etc.)
- Systematic review How might these services be provided by other partners (public, private, non-profit) in our community.



## San Francisco Department of Public Health Budget Update FY 2009-2010

## Budget Process – Introduction

With this second budget presentation to the Health Commission, Congress has passed the Economic Stimulus Bill.

The Bill includes provisions for a temporary increase in the Federal Medical Assistance Percentage (FMAP) that is projected to increase revenue to the Health Department \$12.1 million for the current year and \$14.9 million for the budget year. This additional revenue is a primary component contributing to a \$60.7 million overall reduction in general fund.

This exceeds the base budget reduction target of \$50.08 million required for submission to the Mayor's Budget Office on February 20 and contributes \$10.6 million towards the \$50.08 million contingency plan.

## Increased Revenues

We have increased revenues \$32 million. This includes a \$27 million increase to the federal match of local expenditures for services to Medi-Cal patients included in the Economic Stimulus Bill and effective retroactive to October 1 2008.

The initiative includes \$12.1 million in current year and \$14.9 million in budget year revenues. The current year revenue increase reduces our 2008-09 use of general fund and is *one-time* in nature. The increase expires on December 31, 2011.

We are also including \$4.9 million in FMAP that is part of a new State Plan Amendment to allow Counties to draw down federal matching for the unreimbursed costs of services to Managed Medi-Cal patients. The state is targeting and effective date of October 1, 2008 with funding occurring after approval by CMS. This also includes revenue for both the current year (\$2.1 million) *one-time* and budget year (\$2.8 million).

## Increased Revenues

Total Revenue Increases - February 3	\$24,097,366
New Initiatives:	
FMAP for Managed Medi-Cal - SFGH (A6)	4,900,000
Temporary increases to Federal Medical Assistance Program (FMAP) – Department Wide (A7)	27,000,000
Baseline Revenue - MH (A8)	(3,500,000)



## Increased Revenues ( continued)

Patch Revenue from Azalea Care Hospitals - LHH (A9)	507,602
Rehabilitation Services Revenue Enhancement - LHH (A10)	244,465
Acute Rehabilitation Services Revenue Enhancement - LHH (A11)	213,154
Environmental Health Revenue changes - EHS (A12)	796,705
Environmental Health Fee Increase due to program Costs - EHS (A13)	692,638
Vector Control Increase and Program Change - EHS (A15)	915,722
<b>Total Revenues</b>	<b>\$55,874,452</b>

## Inflationary Increases

We have included an inflationary increase for rent increases to properties occupied by the Health Department. A second item has been deleted and replaced with a new initiative (G3) that includes the inflationary item and a request for new funding.

Total Inflationary Increases - February 3	\$3,171,945
Deletion of MIS Systems Inflationary Costs	(169,177)
Rent Increases - Dept - Wide (B6)	<u>361,706</u>
<b>Total Inflationary</b>	<b>\$3,364,474</b>

## Revenue Neutral Programs

We have included one additional item reducing administrative costs of the California Healthcare for Indigents Program (CHIP) in response to State funding cuts. This reduces revenue and expense \$160,843.

## Structural Issues

Three initiatives presented at the February 3 meeting have been revised downwards for a \$4 million reduction in requested funding.

Structural Initiatives - February 3	\$18,332,096
Salary Structural Fix - SPGH (E1)	(2,062,973)
Buyer's phone plan use costs - CBHS (E4)	(105,000)
Community Placement Program Shortfall - CBHS (E5)	<u>(1,253,800)</u>
<b>Total Structural</b>	<b>\$14,440,323</b>

## Reductions in Spending we did not Recommend

The Health Commission has frequently asked how certain reductions were selected and what other items were evaluated and considered as the Department developed its list of reductions.

Recognizing that more than 60% the expenses of the Department and 45% of general fund are invested in our two hospitals, we have worked hard to identify opportunities to identify reduction initiatives at the hospitals.

Several initiatives to reduce hospital general fund are included in our Mid-year and budget year reductions. Several others were evaluated and not taken. Following is a list of items we evaluated for potential reductions at the hospitals which did not result in general fund reductions.

## Reductions in Spending we did not Recommend

### San Francisco General Hospital

In each case, the revenue loss exceeded the reduction in expenses

- Close the Pediatric Clinic
- Reduce hours of service and volume in medical clinics
  - 25% reduction in Cardiac Clinic 50% reduction in Rheumatology Clinic
  - 50% reduction in Endocrine Clinic
- Reduce hours of service and volume in surgical specialties
  - 25% reduction in Neurology
  - 12.5% reduction in Optometry
  - 25% reduction in Plastic Surgery
  - 12.5% reduction in Orthopedics
  - 12.5% reduction in General Surgery
  - 16.7% reduction in ENT

## Reductions in Spending we did not Recommend

### Laguna Honda Hospital

- Close a 30-bed unit and reduce census 28 patients (3.6% of budgeted volume). The \$4.1 million revenue loss exceeds the savings in nurse staffing cost and reduction in clinical and non-clinical support services.

- Reduce the number of hours of nursing cost per day (HPPD)

Budgeted staffing 3.70 HPPD

Actual staffing 3.99 HPPD

Reduction in budget would save \$4.2M. This would not produce budget savings as the budget is already reflective of the reduced staffing.

Minimum State staffing 3.2 HPPD

An additional \$5M in savings could be realized, but State staffing ratio is not seen as clinically safe or adequate to care for the residents of LHH.

CMS recommended staffing 4.10 HPPD

Higher than the current staffing levels and would increase our actual cost by an additional \$1.6M.

## DPH Vision





## Reductions in Spending

\*\*\*\*\*

Total Reductions - February 3	\$18,669,669
Revisions	
Behavioral Health Contractor Reductions - CBHS (F13)	524,557
Nursing Skill Mix Changes - LHH (F17)	17,433
New Initiatives	
Cancer Health Education Reduction - SFGH (F18)	98,806
Special Programs for Youth at the Juvenile Justice Center (Youth Guidance Center) - PC (F19)	746,016
Reduce 100 Stabilization Beds as new supportive housing is added - HUH (F20)	750,000

## Reductions in Spending (continued)

\*\*\*\*\*

Contingency Savings from LHH Rebuild Project - (F21)	9,000,000
HIV Prevention - Administrative (F22)	289,040
Civil Service Reductions in Health Promotion (F23)	155,778
Additional GF Positions Backfilled by MHSA	1,571,273
Total Reductions	\$31,822,572

## Reductions to Community Programs

\*\*\*\*\*

Budget Item	Civil Service FTE	Total GF Savings FY09_09	Total Reduction FY09_10	Revenue Loss FY09_09	Total GF Savings FY09_10
CP Executive Office Personnel	(3.00)	(72,540)	(74,025)		(676,025)
Health Prevention Co-ordinator Reduction	(0.80)		(155,770)		(155,770)
Administrative Position Reductions	(4.38)				
Administrative Positions Reduced to MHSA		(226,540)	(1,473,693)		(1,473,693)
Additional MHSA Backfill	(13.79)		(1,571,273)		(1,571,273)
Additional Reductions to CBHS Civil Service Staff	(17.24)	(190,330)	(1,141,970)		(1,141,970)
Administrative Position Reduction	(1.00)	(11,040)	(72,039)		(72,039)
Administrative Position Reduction	(0.50)	(59,637)			(59,637)
Reorganization of SPY at YGC	(4.10)		(748,016)		(748,016)
Provide Mental Health Services to persons with serious mental illness	(7.32)		(989,452)		(989,452)
Civil Service Position Reductions	(68.09)	(959,491)	(6,824,147)		(6,635,894)

## Reductions to Community Programs

\*\*\*\*\*

Budget Item	Civil Service FTE	Total GF Savings FY09_09	Total Reduction FY09_10	Revenue Loss FY09_09	Total GF Savings FY09_10
Leverage Glenn Doyle Meds Co at 3 Supportive Housing Sites			(357,260)		(357,260)
Eliminate eight positions on grant funding to backfill GF Contract			(205,970)		(205,970)
Reduce 100 Stabilization Beds			(750,000)		(750,000)
Reduction in HHS Outpatient Monthly			(310,943)		(310,943)
10% Reduction in HIV/AIDS Housing Safety Funding			(559,380)		(559,380)
Behavioral Health Contract Reductions			\$ (5,588,823)	\$ (617,300)	\$ (4,072,514)
Redirection of Behavioral Health Services		(115,645)	\$ (23,888)	\$	(979,888)
Total Contractors Reduction/Redirection Savings		(115,645)	(6,697,244)	(617,309)	(17,779,835)
Total General Fund Savings	(68.09)	(675,338)	(15,321,331)	(617,309)	(14,463,918)



## New Initiatives

Increased Operating Costs for New Facility - LHH (G1)	1,969,069
New Supportive Housing at 149 Mason Street - HUH (G2)	268,791
DPH Information Technology Operating Expenses Increase - Dept wide (G3)	777,583
Electronic Ambulatory Medical Record Project - Dept wide (G4)	<u>6,000,000</u>
<b>Total New Initiatives</b>	<b>9,015,451</b>

## Summary

Revenue Increases	\$55,874,452
Revenue Neutral	0
<b>Total Revenue</b>	<b>\$55,874,452</b>
Regulatory	(143,600)
Information	(3,361,474)
Structural	(14,440,323)
Reductions	31,822,372
New Initiatives	<u>(9,015,451)</u>
<b>Grand Total Revenue, Revenue Neutral, Regulatory, Information, Structural, Reductions and New Initiatives</b>	<b>\$60,733,736</b>
<b>General Fund Base Reduction Target</b>	<b>\$6,680,000</b>
<b>Difference to be applied to Contingency Plan</b>	<b>\$10,653,736</b>

## Next Steps

A draft resolution approving the Base Budget submission is included for your consideration and approval.

We are continuing to work on additional initiatives toward the remaining Contingency Reductions.

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, March 3, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 17, 2009  
*\*Minutes of the meeting of February 17, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION AND PROPOSED ACTION: RESOLUTION HONORING GENE MARIE O'CONNELL FOR THE CONTRIBUTIONS SHE HAS MADE TO THE CITY AND COUNTY OF SAN FRANCISCO





- 7) **FOR DISCUSSION:** **REPORT ON ST. FRANCIS MEMORIAL HOSPITAL  
INSTITUTIONAL MASTER PLAN UPDATE**  
(Alicia Neumann, Senior Health Program)  
*\*Report*
- 8) **FOR DISCUSSION:** **DPH DISASTER PREPAREDNESS UPDATE**  
(Rebekah Varela, Senior Health Program Planner)  
*\*Report*
- 9) **FOR DISCUSSION AND  
PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING  
THE SUBMISSION OF THE DEPARTMENT OF PUBLIC  
HEALTH'S FY 2009-2010 BASE BUDGET**  
*\*Resolution*
- 10) **OTHER BUSINESS\*\*\***
- 11) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.



In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
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## HEALTH COMMISSION

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, March 3, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Melara called the meeting to order at 4:08 p.m.

Present: Commissioner Sonia E. Melara, Vice President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner James M. Illig, President (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 17, 2009

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters)  
approved the minutes of February 17, 2009 without modifications.

#### 3) DIRECTOR'S REPORT

##### **Gene O'Connell Announces Retirement**

Congratulations to Gene Marie O'Connell, Chief Executive Officer of San Francisco General Hospital, who announced her retirement after 25 years of service to the medical center. Under

Ms. O'Connell's leadership as CEO over the past 11 years, SFGH has distinguished itself as one of the nation's top tertiary academic medical centers. Notable among her many accomplishments was her leadership role that led to the successful passage of Proposition A in November, overwhelmingly supported by voters that authorized \$887.4 million in general obligation bonds to fund the construction of a new acute care hospital.

While Ms. O'Connell prepares for her retirement in March, I am pleased to announce that Sue Currin, SFGH's long-time Chief Nursing Officer and current Chief Operating Officer, will serve as the new CEO.

I know the Commissioners share with all of us a deep gratitude to Ms. O'Connell and thank her for her many fine years of service.

### **Tangerine Brigham Wins MFAC Award**

Congratulations to **Tangerine Brigham**, *Deputy Director of Health* and *Director of Healthy San Francisco*, who was among this year's recipients of the prestigious Mayor's Fiscal Advisory Committee Award (MFAC) on February 23. This event has evolved and grown over the last 28 years, but its purpose remains the same: to recognize and acknowledge exemplary job performance and leadership by San Francisco city employees.

MFAC was founded over 30 years ago under Mayor George Moscone as a select group of business representatives and community leaders committed to the idea of a fiscally responsible government in San Francisco. MFAC provides guidance and input to City staff on policy, management and fiscal issues. Through its members and volunteers, MFAC provides many hours of pro bono management and consulting services to the Mayor of San Francisco, saving the City millions of dollars in cost efficiencies and improved services.

Previous MFAC winners who are currently working for the Department have included Steven Koneffklatt, Gene O'Connell, Cheryl Austin, Nancy Wong, Sharon Kotabe, Sue Currin, Barbara Garcia, Diana Guevara, Sai-Ling Chan-Sew, Nelly Lee, Rajiv Bhatia, MD, Judith Klain and Marc Trotz.

### **Sobering and Medical Respite Program**

The Sobering and Medical Respite program moved over the weekend of February 21<sup>st</sup> and has reopened in a new facility located at 1171 Mission Street. The program, formerly housed at 39 Fell Street and 101 Polk Street (Next Door Shelter), has been consolidated into a single location which will facilitate improved client care. This project is a collaboration between the Health Department and Community Awareness and Treatment Services (CATS). In addition to being a new home for the Sobering and Medical Respite program, the site is also housing CATS administrative offices. A grand opening celebration is being planned. I hope the Commissioners will join us for this event. We will provide more details once the plans have come together.

### **Laguna Honda Goes Live with Online Census**

LHH made an efficient and technological leap recently when they began using a hospital-wide online census program to track the daily bed count. Prior to introduction of this new system, nursing supervisors spent hours each night getting head counts from each unit and then reconciling them for a daily total that frequently required counting and recounting. Moving to a centralized system required the work of many individuals—from installation of additional computer terminals to training to designing the reports—and signifies an important step towards a larger infusion of technical adaptation for the employees of LHH.



Many thanks to all of the LHH staff who worked diligently for years to bring the Online Census to reality. The Online bed count system will blend in well with other technological improvements we will be making when we move into the new facility.

### **Healthy San Francisco Updates**

At last month's US Mayor's Conference in Washington, DC, President Barack Obama delivered remarks in which he referenced Healthy San Francisco. While not mentioning our program by name, here is what the President had to say about the City's first-of-its-kind universal health care program.

"You know, instead of debating the existence of climate change, mayors like Greg Nickels in Seattle are leading efforts to make cities greener and more efficient. Instead of just talking about health care, mayors like Gavin Newsom in San Francisco have been ensuring that those in need receive it. Instead of wringing your hands over poverty, you've got Antonio in Los Angeles making relentless efforts to alleviate it."

Another Healthy SF item in the news was the Mayor's recent announcement that Pfizer will provide free medicines for Healthy SF enrollees through Pfizer's *Sharing the Care* program. This program will allow patients who participate in Healthy San Francisco at *Sharing the Care* registered clinics to have access to free Pfizer medicine as long as they meet standard program eligibility criteria: Patients must be registered members of the health care center, have an income at or below 200% of the federal poverty level and not have prescription drug coverage.

### **Children's Dental Health Month**

Because it's Children's Dental Health month, I wanted to provide the Commissioners with an inside look at a program that has been highly successful in providing dental care to underserved children in the community. It also reveals important findings in what we need to know about the children and the families we serve and the challenges dental care professionals face in meeting the needs of these families. Here is an overview of the Children's Oral Health Clinic.

The Family Health Center (FHC) at the San Francisco General Hospital runs an oral health screening clinic for children 0-5 years with grant funds from First Five California, California Dental Association Foundation, and Molina Healthcare. The program is unique in that it trains family physicians and pediatricians to conduct oral health screenings. The goals are to reduce early childhood caries (ECC) for young children, improve dental access for low-income families, and to train UCSF Family Medicine resident physicians in oral health prevention in primary care settings. An oral health screening visit includes caries risk assessment, oral exams to identify visible ECC, applied fluoride varnish, and dental referrals to a Department of Public Health (DPH) dental clinic. Children also receive an age-appropriate toothbrush, fluoride toothpaste, and parents are given bilingual health education pamphlets. Residents are trained to do oral health visits, complete billing for Medical and Children Health Disability Prevention forms, and refer children based on the child's urgent (UCSF School of Medicine) or non-urgent dental needs (DPH dental clinics).

Since the summer of 2006, the clinic has screened 348 children. Ninety-four percent had Medi-Cal, 71% were under 2 years old, and 70% were Latino/Hispanic. By age two, 64% were found to have evidence of ECC, and 91% did not have a dental home. In this underserved immigrant community 54% of the children were preferentially consuming bottled water instead of fluoridated tap water. Caries is a common FHC health problem among children under three, and fluoride varnish is an important and easy intervention to coordinate with regular health visits.

Training family physicians and pediatricians to conduct oral health screenings is crucial to identifying untreated caries, assist families to navigate existing DPH dental clinics, and reinforce preventive oral health messages in primary care settings.

### **Study on Behavioral Health Court Released**

A study of San Francisco's Behavioral Health Court that began in 2005 is concluding its first phase, showing positive outcomes. The study sought to determine the effectiveness of mental health courts (MHC) in improving public safety outcomes and access to treatment among people enrolled in these specialty courts. The study includes 4 sites – San Francisco and Santa Clara Counties in California, Hennepin County (Minneapolis) in Minnesota, and Marion County (Indianapolis) in Indiana collected for all subjects in the study.

Preliminary findings indicate that arrests in the 18 month follow-up period are significantly reduced for MHC clients as compared to the Treatment as Usual (TAU) clients. This is especially true for arrests involving an individual as distinguished from a property crime. MHC clients also spend significantly less time in jail and access more community treatment. While it is not possible at this time to form a cause/effect relationship between treatment and improvement in public safety outcomes for MHC clients, the relationship is important and being further explored.

Two of the researchers will present findings with a spotlight on San Francisco on May 20, 12 noon - 1:30 p.m. at the Sheriff's Conference Room - County Jail # 8, 425 7th St., 1st floor, San Francisco.

Continued funding has been received from the John D. and Catherine T. MacArthur Foundation for the second phase of the research to study the costs of mental health courts, comparing the costs and benefits of the specialty courts with typical criminal court procedures for these defendants.

### **African American Issues in Health IX Conference**

The African American Issues in Health IX conference convened over 400 participants on February 20 at the St. Mary Cathedral's Event Center. The conference included special welcome addresses from Commissioner Catherine Waters and Barbara Garcia, Deputy Director of DPII. The conference offered an overview of five presentations that focused on best practices and innovative practices, with an emphasis on cultural competency and cultural wellness, in the areas of children and youth services, HIV/AIDS services, community-based programs, and consumer wellness and recovery in the African American community. The goal of the conference was to highlight cultural competency for African Americans throughout a continuum of care, with reflection on how historical and personal beliefs impact the engagement and treatment of African American clients and their overall plan of care.

The keynote speaker, Dr. Joy DeGruy, a professor at School of Social Work at the Portland State University, provided an eloquent and dynamic presentation on her theoretical, clinical, and cultural formation of "Post-Traumatic Slave Syndrome." This theory proposes that centuries of slavery followed by systemic racism and oppression have resulted in multi-generational adaptive behaviors, some of which have been positive and reflective of resilience, and others that are detrimental and destructive. In brief, Dr. DeGruy presented facts; statistics and documents that illustrate how varying levels of both clinically induced and socially learned residual stress related issues were passed along through generations as a result of slavery. Dr. DeGruy captivated her audience and received overwhelming counts of positive feedback and praises for her work, observations, analysis, and commitment to the healing of all peoples of color.



### **Program on Health, Equity and Sustainability**

The Program on Health, Equity, and Sustainability (PHES) recently completed a five year partnership between La Raza Centro Legal's Day Labor Program and Women's Collective. *Jornaleros Unidos con el Pueblo* (Day Laborers United with the Community,) or UNIDOS, was funded by the National Institute of Environmental Health Sciences and is one of the first attempts by a local health department to engage with day laborers, domestic workers and their supporting community organizations to address work-related health disparities.

The collaboration produced a number of important outcomes. Among them was the recovery of over \$330,000 in unpaid wages, the introduction of statewide legislation requiring overtime pay for personal attendants, and documentation of domestic workers' working conditions and day laborers' access to health care. Challenges for this diverse partnership were numerous and the lessons learned can provide valuable suggestions for future researchers and others planning government-community partnerships. The UNIDOS Final Report and other UNIDOS products are documented at: [http://www.sfpbes.org/work\\_unidos.htm](http://www.sfpbes.org/work_unidos.htm).

PEHS also held a successful training on its Healthy Development Measurement Tool (HDMT) in early February at the American Institute of Architects in San Francisco. Over 40 participants attended. The training provided an introduction to the HDMT, demonstrated how HDMT indicators and data could be used and illustrated how HDMT development targets could be applied to land use projects. The HDMT is an evaluation metric to consider health needs in urban development plans and is publicly available at [www.TheHDMT.org](http://www.TheHDMT.org).

### **Change Agents Celebrate Fourth Year in Community Behavioral Health Services (CBHS) Integration**

Over four years ago, CBHS recruited a number of staff from mental health and substance abuse services to serve as "Change Agents." A big part of their mission is to implement the "Comprehensive Continuous Integrated System of Care" model. The Change Agents meet monthly with a focus on improving system-wide services to individuals and families with co-occurring psychiatric and substance disorders. In other words, clients who tend to have the poorest outcomes at the highest cost.

Change Agents help staff acquire new attitudes, knowledge and skills related to treatment of these individuals with co-occurring disorders and function as a "systems change agent," providing and creating a system that is more welcoming, integrated, and comprehensive. Change Agents work across disciplines and the strong and lasting partnerships that have been established between mental health and substance abuse providers have flourished into meaningful cross training and referral.

A recent example of how effective the Change Agent's work has been is evidenced by children's providers who formed their own subgroup to address issues such as whether the system is welcoming to parents who may be out of a child's life due to substance abuse. Change Agents have also been looking at ways the system can be more inclusive of families in general. The success of the Change Agent's role in working within the system to make critical changes to meet the needs of families and individuals is not only commendable but has become a significant factor in the integration of our services throughout the system of care.

### **Health Dialogues Focuses on Men's Health**

The February 19<sup>th</sup> "Health Dialogues" show on KQED FM 88.5, hosted by Scott Shafer, looked at how men deal with personal health issues. Guests on the show agreed that, as compared to



women, it is much harder to get men to even talk about their health which leads to men being less likely and reluctant to seek medical care. As part of the line up for the show, Jeff Klausner, MD, Director of STD Prevention & Control, and Deb Levine, who is a partner with the STD program as the provider of Internet Sexuality Information Services, Inc. (ISIS), had a frank discussion with Scott Shafer about men's sexual health and the challenges of reaching diverse populations. To listen to a podcast of the show, go to <http://www.kqed.org/radio/programs/healthdialogues/> and click on Segment 4.

#### **San Francisco Asthma Task Force**

The San Francisco Asthma Task Force has partnered with SF Environment, Breathe California and Californians for Pesticide Reform to survey area residents about the type of cleaning products and pesticides found in homes that may cause respiratory triggers for individuals with asthma. Although these products are typically stored out of sight, many household products emit toxic chemicals that can aggravate asthma and cause other health symptoms. The Health Commission is invited to complete these short surveys as part of the feedback from the public that will help us learn how these products are being used and provide a platform for advocating for healthier alternatives.

Cleaning Products Survey: <https://sftoxicsreduction.wufoo.com/forms/household-cleaning-products/>

Pesticide survey:

<http://www.surveymonkey.com/s.aspx?sm=3jZBKA4jTpxEv%2bHcLiVN7A%3d%3d#q2>

The San Francisco Asthma Task Force has planned a daylong "Asthma Update" symposium on Friday, April 3, 8 a.m. – 4 p.m. at Kaiser Permanente SF Medical Center. Continuing education units for physicians and nurses are available. For more information contact Gloria Thornton at [gloria.thornton@wellpoint.com](mailto:gloria.thornton@wellpoint.com).

#### **Commissioner Comments/Actions for Follow-Up:**

Commissioner Chow asked about the City being sued on the basis of care to the indigent. Dr. Katz responded that Bay Area Legal Aid has sued the City as to whether San Francisco is fulfilling its Section 17000 obligations. He added that they and the Department agreed not to bring publicity to the suit as both sides agree that they can come to settlement.

Commissioner Waters asked about funds for prevention in the Stimulus package and requested to meet with Prevention Section on the requests that the Department will put forward. Dr. Katz responded that the Department will arrange for a meeting.

#### **4) GENERAL PUBLIC COMMENT**

None

#### **5) FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney, Ed.D. reported on the actions of the Finance Committee.

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Calendar of the Finance Committee.

6) **RESOLUTION HONORING GENE MARIE O'CONNELL FOR THE CONTRIBUTIONS SHE HAS MADE TO THE CITY AND COUNTY OF SAN FRANCISCO**

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Resolution honoring Gene Marie O'Connell for the contributions she has made to the City and County of San Francisco.

Commissioner Comments:

Commissioner Sanchez thanked and congratulated Ms. O'Connell for her hard work, her years of service and her well-deserved awards over the years.

Commissioner Chow stated that it has been his privilege to have worked with Ms. O'Connell over the years, and wished her well in her retirement.

Commissioner Tierney thanked Ms. O'Connell for her hard work on passing the SFGH bond.

Commissioner Waters thanked Ms. O'Connell on behalf of the nursing staff.

Commissioner Melara stated that it has been her pleasure to have worked with Ms. O'Connell and thanked her for her work.

7) **REPORT ON ST. FRANCIS MEMORIAL HOSPITAL INSTITUTIONAL MASTER PLAN UPDATE**

Alicia Neumann, Senior Health Program Planner, reported to the Institutional Master Plan Update as updated by St. Francis Memorial Hospital. A copy of her presentation is attached and incorporated as a part of these minutes.

Commissioner Comments/Requests for Follow-up:

Commissioner Sako asked about the charge to the Department under the IMP legislation. Ms. Neumann responded that this is in response to legislation from Supervisor Maxwell that there be a health impact analysis of IMPs submitted by hospitals in San Francisco. The Department has 90 days following submission of an IMP to complete a health analysis.

Tony Jackson, Chief Operating Officer of St. Francis Memorial Hospital spoke about the changes that the hospital will be making.

Commissioner Chow stated that his understanding of the legislation is that it provides an opportunity for the Health Commission to provide input in the planning process when hospital IMPs are submitted. He asked about the process involved. Ms. Neumann and Ms. Kronenberg responded that there is no action required by the Commission, but that the Commission's feedback would be incorporated into the report provided by the consultant.

Commissioner Chow requested that the Commission receive a hard copy of the IMPs as they come forward. Ms. Kronenberg responded that the Department would request that hospitals provide copies of the IMPs to the Commission.

Commission Chow noted that signage in the hospital should be in the Traditional Chinese characters and not the Simplified Chinese characters.

Commissioner Melara noted that most of the organizations contacted were not organizations in the immediate vicinity of the hospital. She requested that with the next IMP that organizations in the immediate vicinity of the facility be contacted. This will be especially important with St. Luke's Hospital.

Commissioner Chow requested that in the future the medical staff be consulted as part of the assessment process.

Commissioner Sako noted that only 58 percent of patients are from San Francisco, so the community of interest is larger than just San Francisco.

Alice Barkley, Project Attorney for St. Francis Memorial Hospital noted that the impetus for the legislation was the acquisition of St. Luke's by CPMC, and that the legislation does not require action by the Health Commission, only that the Department provide an analysis of the health impacts to the Planning Commission.

#### **8) DPH DISASTER PREPAREDNESS UPDATE**

Rebekah Varela, Senior Health Program Planner, provided the Department's disaster plan update. A copy of her presentation is attached and incorporated as a part of these minutes.

#### **Commissioner Comments/Request for Follow-up:**

Commissioner Sako asked about the availability of clinical personnel in an earthquake that happened in the middle of the night. Ms. Varela responded that given the planning that we have done, related to use of volunteer medical personnel and review of where medical personnel reside, San Francisco would have access to sufficient numbers of clinical personnel.

Commissioner Chow commended the City on its neighborhood planning in disaster preparedness.

#### **9) CONSIDERATION OF A RESOLUTION APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2009-2010 BASE BUDGET**

Action Taken: The Commission (Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the amended resolution, approving the submission of the Department of Public Health's FY 2009-2010 base budget.

#### **10) OTHER BUSINESS**

None.



11) ADJOURNMENT

The meeting was adjourned at 5:23 p.m.

---

James M. Soos  
Acting Health Commission Executive Secretary

Attachments (2)

# Saint Francis Memorial Hospital, 2008 Institutional Master Plan: Analysis of Effect on Citywide Health Needs by The Lewin Group

San Francisco Health Commission  
March 3, 2009  
Alicia Neumann

## Overview

This presentation provides an update on review process and findings for The Lewin Group's analysis of the 2008 Saint Francis Memorial Hospital (SFMH) Institutional Master Plan (IMP), which is required by Section 304.5 of the City and County of San Francisco Municipal Code Planning Code.

- SFMH submitted the IMP in the fall of 2008 when the Department of Public Health had one firm, The Lewin Group, in its pool of available contractors
- The project was budgeted at a cost of \$41,500 to SFMH with scheduled delivery to the Planning Department before May 4, 2009
- Currently, the review is under cost and ahead of schedule, largely due to the small scope of the changes proposed in the IMP
- Once input is received from the San Francisco Health Commission, The Lewin Group will finalize the report for delivery to the San Francisco Planning Department and Commission

## Review Process

To determine the effects of proposed changes on citywide health needs, The Lewin Group studied the following qualitative and quantitative data sources:

- Interviews with seven Community Stakeholders and two representatives from SFMH
- 2007 Hospital Utilization and Financial Data from the California Office of Statewide Health Planning and Development (OSHPD)
- 2007 Inpatient Staffed Bed Survey and Market Assessment and Benchmarking Project by The Lewin Group
- 2007 Non-Profit Community Hospitals Community Benefit Report by the Hospital Council of Northern and Central California
- 2007 Audited Financial Statements from SFMH

## Review Findings

The draft report from The Lewin Group concludes that the proposed changes will not diminish capacity or alter the current service mix at SFMH. Moreover, the report finds the following for each of the three proposed changes:

Proposed Change	Finding
Renovate the east wing to meet SB 1953 seismic compliance standards	Since SB 1953 is a State mandate, the east wing renovation is a proactive measure to ensure the long term viability of the inpatient units
Implement a master signage program that will improve way-finding and provide information in English, Spanish, Russian and Mandarin text	The master signage program is not only improving the patient experience, but is also addressing a dialect/ethnicity. Russian, that does not yet represent a significant number of persons accessing care at SFMH
Renovate and upgrade the existing surgical suites to maximize capacity, improve efficiency and minimize damage to mobile medical technology	Since only six operating rooms are currently in use at SFMH, surgical capacity will increase when dormant operating rooms and in-use rooms are renovated and reconfigured into nine multipurpose surgical suites



## Public Health Preparedness Update

March 3, 2009

San Francisco Department of Public Health  
Office of Policy and Planning



## Vision

The San Francisco Department of Public Health and planning partners will work towards having the most efficient, integrated and coordinated public/private health disaster response system in the country.



## Mission

- To prepare the public health, pre-hospital and healthcare facility disaster response system for a mass casualty incident or infectious disease event, whether the result of human action (e.g. terrorism) or natural event (e.g. earthquake) by:



## Mission

- Coordinating a comprehensive healthcare surge system which integrates acute, sub acute, long term care and pre-hospital provider response.
- Leading and coordinating infectious disease control, prevention planning and policy development.
- Developing a robust environmental health response.
- Anticipating the need for a comprehensive behavioral health response.
- Preparing for the special considerations of a chemical, biological, radiological, nuclear or explosive (CBRNE) incident, and Planning for the special needs of various communities and individuals including maintaining culturally competent services during disaster response



## Medical Surge

- Hospital Council Emergency Preparedness Partnership (EPP)
  - In 2008 the regular working group of hospital, DPH and additional partners created a comprehensive work plan for hospital preparedness activities.
  - This work plan takes into consideration the system wide planning priorities of Hospital CEO's as well as ongoing priorities identified by Partnership members and state planning bodies.



## Medical Surge

- EPP Work Plan Items addressed by DPH
  - Volunteer Management Toolkit (April 2008 to March 2009)
    - Integrates Volunteer Health Professional requirements from CDPH, HHS and Joint Commission standards
    - Provides ICS compliant organizational management
    - Merges Department of Human Resources and Department of Emergency Management plans for volunteer processing and distribution
    - Funded by the Assistant Secretary for Preparedness and Response (ASPR). Will be distributed nationally by ASPR as a best practice.







## Medical Surge

- Other EPP Projects led by DPH:
  - Healthcare focused mass fatality planning in partnership with the Office of the Medical Examiner
  - Evacuation plan writing workshops
  - Surge plan writing workshops
  - Ongoing tabletop exercises including topics such as materials management, unified command and infectious disease
  - Pharmaceutical Cache policy development and MOU development



## Medical Surge

### Additional Projects Funded by ASPR

- Alternate Care Sites
- Continuity of Provider Care
- HUB Project Management Plans



## Medical Surge

- Continuity of Provider Care
  - Completed assessments and focus groups of community providers in Chinatown and Bayview Hunters Point discovered the need for targeted personal preparedness and continuity of operations planning for providers at the outpatient level
  - DPH has begun an ongoing planning group for clinics focused on continuity of operations as of February 2009
  - DPH will create a parallel planning process for Long Term Care facilities in FY 2009-10
  - DPH has secured funding for communications and ICS compliant command equipment for outpatient and long term care providers through grant funds



## Medical Surge

- HUB Plan
  - Originally developed as a primary care based neighborhood coordination plan
  - Transitioned to DEM oversight to facilitate inter-agency collaboration
  - Transition allows health facilities to focus on medical services while maintaining the planning processes and concepts of operations developed in the HUB plan
  - DPH will continue to play a major role in the HUB plan development as a major service provider to the community



## Medical Surge

- Mass Casualty Incident Plan
  - Operational plans for a mass casualty incident at the pre-hospital level
  - Addresses patient distribution, coordinated field operations for patient care and coordinated mass casualty incident command operations at DPH, SFFD and DEM
  - Currently in draft form



## Infectious Disease Response

- Infectious Disease Response Planning Accomplishments
  - Completion and national presentation of the IDER plan
    - Plan outlines operation and policy direction for an infectious disease outbreak
  - Available for review online at [www.sfdph.org/iderplan.htm](http://www.sfdph.org/iderplan.htm)
  - Addresses naturally occurring outbreaks (e.g. measles, mumps), emerging infectious disease (e.g. SARS, pan flu) and bio-terrorism





## Infectious Disease Response

### Accomplishments Continued

- Production and distribution of a pandemic influenza training video for San Francisco City and County employees

Educates the viewer on healthy habits to prevent the spread of disease and what to expect from a flu pandemic

Available online at

[www.sfdph.org/cdc/documents/flu101.html](http://www.sfdph.org/cdc/documents/flu101.html)



## Environmental Health

### 2007-2009 Accomplishments

- Continuing to develop and improve the Environmental Health disaster response plan by evaluating and revising it annually
- Expanding and maintaining staff training opportunities such as technical trainings on the safe management of waste, food and water at shelters and mass care sites.



## Training and Exercises

- DPH leads multi-agency exercises twice a year, including drills involving city partners and private healthcare entities
- DPH sections have increase engagement in training to include:
  - Department wide DSW training
  - ICS, NIMS and HICS training at LHH
  - Disaster Preparedness training for Childcare Providers



## Big Rumble

- Annual event series aimed at promoting a culture of preparedness
- Will offer meaningful opportunities for hands-on experience to help make the concepts of disaster preparedness more tangible
- Planned for the week of October 14-17 to include Shake Out 2009 and a commemoration of the 20<sup>th</sup> anniversary of the Loma Prieta earthquake







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President

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Vice President

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Commissioner

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Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, March 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 3, 2009  
*\*Minutes of the meeting of March 3, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)
- 6) FOR DISCUSSION: HEALTHY SAN FRANCISCO: COST AND SERVICE DATA REPORT  
(Tangerine Brigham, Deputy Director of Health, Director of Healthy San Francisco)  
*\*Report*
- 7) OTHER BUSINESS\*\*\*



## 8) ADJOURNMENT

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental





Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





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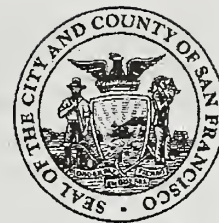
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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, March 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:09 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner Edward A. Chow, M.D. (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 3, 2009

Action Taken: The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) approved the minutes of March 3, 2009 without modifications.

#### 3) DIRECTOR'S REPORT

##### **Golden Gate Restaurant Association Lawsuit**

On March 9, 2009, the US Ninth Circuit Court of Appeals declined the Golden Gate Restaurant Association's petition for "Rehearing En Banc." The petition asked the full panel of judges in the

Ninth Circuit to review the decision of the Ninth Circuit's three-judge panel September 2008 unanimous ruling that the Employer Spending Requirement enacted under the Ordinance was not pre-empted by federal law. As of the writing of this report, it is the Department's understanding that Golden Gate Restaurant Association will seek further legal review in the United States Supreme Court.

### **World TB Day**

This year's World TB Day will be observed on Tuesday, March 24 at Magnet in the Castro. Building on the recent episode that resulted in TB screening of over 100 individuals who worked at bars and businesses in the Castro, TB officials from throughout the Bay Area will be hosting a press conference to highlight the on-going threat the disease holds over any community at any time. A potential outbreak of TB in the Castro was especially troubling given the number of individuals in the community who are also HIV+. Fortunately, none of the employees who may have been exposed to TB tested positive. The incident gave the TB Control staff the opportunity to work with Supervisor Bevan Dufty, staff from Magnet and a number of bar and business owners in organizing a screening process that was both challenging and ultimately successful. Magnet is a gay men's health and community center located in the Castro, a program of the San Francisco AIDS Foundation.

### **"Pick Me" Contest Winners Celebrate**

Student artists from the San Francisco Unified School District were challenged by the San Francisco County Nutrition Action Plan Committee (CNAP) to submit art work that would encourage people to eat more fruits and vegetables and to increase daily physical activity. The best of the submissions were transformed into color posters that are currently on display on Muni buses targeting low income residents. The 10 student artists will be recognized at a press conference on Thursday, March 26 at the Sports Basement, 15<sup>th</sup> & Bryant St. Representatives from the USDA, members of the CNAP and staff from the DPH feeling Good Project will be participating in the event.

### **Tapestries on Display at LHH**

Four tapestries depicting the history of Laguna Honda Hospital went on display in the hospital's lobby this month. The tapestries were designed by San Francisco artist Lewis DeSoto. They are part of a series of a dozen tapestries that will hang in the new hospital when it opens in spring of 2010. Funding for the project was provided by the San Francisco Arts Commission through the city's Two Percent for Art program, which provides art funding from the capital costs of new construction. The tapestries were woven in Bruges, Belgium and are meant to be touched as well as seen to provide access to the art for Laguna Honda's sight-impaired residents.

### **LHH Study to Begin in Collaboration with UCSF**

The Laguna Honda Foundation announced this week that it would fund a research study by the hospital's infection control nursing staff to gauge the therapeutic impact of silver coated catheters on residents who require chronic urinary catheterization. The study is being done in collaboration with the University California San Francisco (UCSF.)

### **Project Family Connect Needs Volunteers**

Volunteers are needed to help with the next Project Homeless Connect, which has been redesigned into a special "Project Family Connect" on **Wednesday, April 8, 10 a.m. – 3 p.m.** at Bill Graham Civic Auditorium.



The April Homeless Connect event and its activities are focused on San Francisco families, youth and children in-need or homeless. It is estimated that in San Francisco alone, more than 1,600 students are homeless. This special Family Connect is sponsored by the John Burton Foundation for Children Without Homes. Throughout the day Bill Graham Civic Auditorium will be transformed into a one-stop-shop of services including medical treatment, dental screens, housing information, food and much more.

If the Commissioners have not had the opportunity to volunteer for one of these events, I urge you to consider helping families and children at this special Project Family Connect. To volunteer, please register at [www.ProjectHomelessConnect.com](http://www.ProjectHomelessConnect.com), or call 255-3674.

### **New Assignments at SFGH**

In preparing for her new role as CEO at SFGH, Sue Currin had announced that Sharon McCole-Wicher has been appointed Interim Chief Nursing Officer and Patti O'Connor will serve as the Interim Nursing Director, Emergency Department. Ms. McCole-Wicher has been the Nursing Director for Acute Psychiatry, PES and the Behavioral Health Center for the past 11 years. Ms. O'Connor will continue in her role as the Trauma Program Manager along with her new responsibilities.

### **Communicable Disease and Control Prevention Website Update**

The Communicable Disease Control Prevention (CDCP) has once again updated its website to respond to the current issues that are influencing the local communicable disease health agenda and capturing the attention of the public.

Check out Dr. Yeva Johnson's video demonstration on **how to put on and remove a face mask** [www.sfcdcp.org/facemask.html](http://www.sfcdcp.org/facemask.html). A **new seasonal flu video** can be found at [www.sfcdcp.org/influenza.html](http://www.sfcdcp.org/influenza.html) and **pandemic flu flyers in Chinese and Spanish** are available for downloading and sharing at [www.sfcdcp.org/PandemicFacts.html](http://www.sfcdcp.org/PandemicFacts.html).

In February the CDCP website had 5,724 visitors (14% more than in January). 78% of these were new visitors to the site. In total they looked at 15,583 web pages.

### **April is Donate Life Month**



April is Donate Life Month, an opportunity to consider that more than 100,000 people are waiting for a lifesaving organ or tissue transplant. Of those patients, 20,000 live in California.

In 2004, the Department of Motor Vehicles discontinued the pink dot sticker that previously appeared on licenses of donors in favor of a state registry system. Now if you want to designate yourself as a donor, you must either register online or indicate "Yes!" next time you renew your driver's license.

To register on-line, go to [www.donateLIFecalifornia.org/SFDPH](http://www.donateLIFecalifornia.org/SFDPH). We will be able to track the number of donors from DPH who register through this on-line system. Taking a couple minutes to become an organ and tissue donor can mean a lifetime to someone else. Learn more about organ and tissue donation at [www.donateLIFecalifornia.org](http://www.donateLIFecalifornia.org).



### **Nettie Award Presented to DPH**

The San Francisco Department of Public Health received the 2008 Nettie Award for "bold leadership in HIV testing and partner services." The President of Beyond AIDS, Dr. Ron Hattis, presented the award to Barbara Garcia and members of the Population Health and Prevention Division. Dr. Hattis recognized the specific accomplishments of Jeff Klausner, MD, Director of STD Prevention and Control Services, for his ability to document the benefits of routine HIV testing in medical care settings and implement partner notification services among persons newly-identified with HIV infection.

The Nettie Award is named after New York State Congresswoman Nettie Mayersohn, a longtime champion for rational and sound public health policy in the fight against AIDS.

### **Volunteers for Mass Prophylaxis Exercise**

We're still looking for volunteer patients to come through our regional mass prophylaxis dispensing exercise on Thursday, March 19<sup>th</sup> at the Oakland Coliseum. The more people we have coming through, the better we are able to test our model. Two models are being tested that day: San Francisco's and Alameda County's. Anyone who is interested in coming through as a patient should arrive at the Oakland Coliseum at about 9:30 a.m. – they will be finished by 2 p.m. Lunch is included. This is a first of its kind exercise and volunteers need only come with a willingness to be helpful. No special skills are required.

COMMUNITY HEALTH NETWORK  
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

**MARCH 2009**

**Health Commission - Director of Health Report**

(03/09/09 MEC)

	03/09	07/08 to 06/09
<b>New Appointments</b>	<b>12</b>	<b>200</b>
Reinstatements		1
<b>Reappointments</b>	<b>23</b>	<b>343</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>29</b>	<b>167</b>
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>		<b>2</b>
<b>Changes in Privileges</b>		
Additions	7	50
Voluntary Relinquishments	2	28
Proctorship Completed	21	174
Proctorship Extension	0	0

**Current Statistics – as of 03/09/09**

Active Staff	505
Courtesy Staff	601
Affiliate Professionals (non-physicians)	247
<b>TOTAL MEMBERS</b>	<b>1353</b>

Applications In Process	9
Applications Withdrawn Month of March 2009	0
SFGH Reappointments in Process 04/2009 to 07/2009	213

#### 4) GENERAL PUBLIC COMMENT

Judith Mayer spoke on behalf of the National Alliance of Mental Illness and said that she believes that Dr. Katz does not believe that mental health is a core service and she believes that many people with mental illness will not get proper care and treatment through Healthy San Francisco.

#### 5) CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT

Commissioner Sonia E. Melara reported on the actions of the Citywide Health Planning & Effectiveness Committee.

##### Commissioner Comments/Requests for Follow-Up:

Commissioner Tierney moved that the Department report on how crystal methamphetamine service cuts in the FY 2009-10 budget year are anticipated to affect syphilis and HIV prevention and incidence in San Francisco. Barbara Garcia, Deputy Director of Health, Director of Community Programs agreed to report back to the Commission.

#### 6) HEALTHY SAN FRANCISCO: COST AND SERVICE DATA REPORT

Tangerine Brigham, Deputy Director of Health, Director of Healthy San Francisco presented the cost and service data report for Healthy San Francisco. A copy of her presentation is attached and incorporated as a part of these minutes.

##### Commissioner Comments/Requests for Follow-Up:

Commissioner Waters asked about the need for \$11 million for the SFCCC to participate in HSF and that State pass-through funds were returned to the State. She also noted that there are concerns about the availability of data from the third party administrator, and the administrative burden it creates to provide that data to the administrator. Ms. Brigham responded first to the need for \$11 million. She noted that only 20 percent of the clients the Consortium clinics have enrolled to date are new clients to them. The other 80 percent are existing clients they were seeing prior to the start of the program. As to the Health Care Coverage Initiative, to capture revenue from the Initiative, patients must be eligible for funding under the Initiative as to income and documentation. All of the nine counties participating in the Initiative sent money back to the State in the first year. In addition the federal government requires that the provider meet the point-of-service fee structure dictated by the grant and that enrollment be done by a public entity, which represent additional hurdles to accessing the funds. As to communication with the administrator (SFHP), there is varied ability of the clinics to provide electronic data in the specified format. The Department funded a consultant to determine how the clinics could submit electronic data in the appropriate format. Not all clinics were able to do so. By 2009-10, she expects that all of the clinics will be able to provide electronic data to the warehouse.

Commissioner Waters asked about the ability of the Consortium clinics to access behavioral health funds through the Department. Ms. Brigham responded that private providers, including Consortium clinics, can provide those services and get funds, however, federal restrictions through the FQHC program limit clinics from billing twice in one day for services.

Commissioner Waters noted that there is disparity of knowledge in the Consortium about how financing is handled. Ms. Brigham responded that the Department meets monthly with SFHP and the Consortium, which includes financing. She noted that reimbursement is not cost based.



Commissioner Waters asked about the feasibility of including at least a few questions on health behaviors of participants. Ms. Brigham responded that it is possible.

Commissioner Tierney asked about accessing community behavioral health services through the medical home model. Ms. Brigham responded that services can be obtained either through DPH's CBHS program or through the patient's medical home, if the medical home offers behavioral health services.

Commissioner Tierney asked about reimbursement for start-up costs for the clinics versus for the other partners, such as SFHP. Ms. Brigham responded that clinical reimbursement is based on number of individuals who choose a clinic as a medical home and not based on encounters. As to administrative costs, the City is providing funds separately for the clinics to set up their IT and reporting costs. In addition, the Consortium is funded for a number of administrative costs.

Commissioner Tierney asked about the availability of Stimulus Funds for HSF. Ms. Brigham responded that we the Department is working to get funds to set up the ambulatory electronic health record for the Department and for the Consortium clinics, and for evaluation through the Stimulus package.

Commissioner Tierney asked about the planning group of the evaluation. Ms. Brigham responded that there is an evaluation committee which includes members of the Consortium and SFHP, which has had input into the questions being asked. There will also be opportunities for hospitals to participate.

Commissioner Melara asked about the impact of HSF on citywide health delivery, including charity care and ED utilization. She asked whether demographic information will be collected. Ms. Brigham responded in the affirmative. Commissioner Melara asked whether by enrolling more people, overall costs will decrease. Ms. Brigham responded that she is looking at cost-effectiveness as opposed to total costs.

Commissioner Sanchez noted that the quality of data acquired in the evaluation will be important. Based on our ability to acquire quality data may influence the pool of foundations who might be interested in participating, including an opportunity for a local forum on this national model program. He commended Ms. Brigham and her staff on laying such a solid foundation for data collection.

Commissioner Sako asked diversion of clients to Medi-Cal. Ms. Brigham said that between 2,500 to 3,000 applicants were diverted to Medi-Cal. With improvements in One-e-App, there will be increased opportunities to enroll in Medi-Cal. Currently Medi-Cal applications need to be done by paper and can take up to 45 days for determination.

Commissioner Sako asked about the data provided on the average number of mental health visits, and whether that average included only behavioral health clients. Ms. Brigham responded that the number in the report covers all HSF enrollees, not just mental health clients.

Commissioner Sako asked whether mammography visits were included in the number of radiology visits. Ms. Brigham responded that the numbers presented only include services paid through HSF, and many mammography visits are paid through State programs, and therefore would not be reported in the HSF report.

Commissioner Sako asked for a standard measure for what is being provided and paid through private versus DPH clinics and providers. Ms. Brigham responded that with the increased ability to collect data through the Consortium clinics, it will be possible to present that data.

Commissioner Sako asked about the ability to maximize the Coverage Initiative Funds. Ms. Brigham responded that the Department will be maximizing its ability to collect funds through this initiative.

Commissioner Illig stated that HSF is both the Department and its partners. He asked whether 40 percent of the medical homes are private providers. Ms. Brigham responded in the affirmative. In addition about 53 percent have chosen DPH providers. Commissioner Illig responded that the Consortium clinics may therefore have a good claim to 40 percent of the funds.

Commissioner Illig asked whether 60 percent of the employed participants are choosing Consortium clinics. Ms. Brigham responded that was true prior to the expansion to other providers (Chinese and Sister Mary Phillipa), but that number may have changed since the expansion to those providers.

Commissioner Illig noted that it's important to include all of the cost and utilization data of the Consortium clinics as well as the DPH clinics. Ms. Brigham responded that once all of the clinics are able to provide data into the data warehouse, it will be possible to do this.

Commissioner Illig asked whether the data from the Department's prior "uninsured" classification could be the base level data for pre-HSF. Ms. Brigham responded that this would not be a complete data set, since none of the Consortium clinic costs or utilization would be included.

Commissioner Illig noted the Commission's concerns that there is a pre-HSF and post-HSF measurement of health seeking behaviors included in the evaluation. He added that it's important that the HSF enrollees between 100 percent and 200 percent FPL, and the effects of the point-of-service and participation fees also be evaluated. Ms. Brigham responded that there have not been significant complaints about participation fees, but where there have been complaints, most have been related to point-of-service fees at the Consortium clinics, which are higher than at DPH clinics.

Commissioner Illig asked why 48 percent of enrollees have no primary care visits within the first year. Ms. Brigham responded that not all enrollees enroll because they need services, but for the security of coverage. She added that there are other metrics that the Department is looking at regarding access to care, including number of providers who are accepting new patients, the length of time it takes to get an appointment, and complaints regarding access to care.

Commissioner Melara noted the importance of encouraging a general access women's clinic. Ms. Brigham responded that the DPH Women's Clinic is not currently a full-scope medical home, although they are going through a strategic planning process.

The Commission requested a follow-up from Ms. Brigham by September 2009.

#### Public Comment:

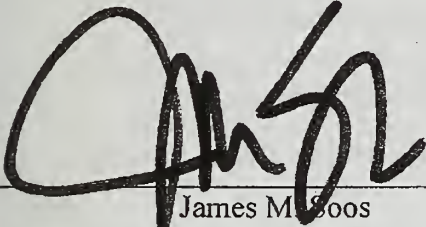
Dick Hodgson of the San Francisco Community Clinic Consortium commended Ms. Brigham and her staff on the presentation. He noted that there are nine Consortium clinics participating in the program, and he hopes that all of them can be contained in the next report. He added that the total cost of the program should include all of the clinic cost data as clinics are putting more resources into the program than they are receiving from the City. He also requested that capacity data be presented in the future.

7) OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:14 p.m. in memory of Commissioner Edward A. Chow's mother, who passed away today.

A handwritten signature in black ink, appearing to read 'J. Soos', is written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary

Attachments: (1)



## Healthy San Francisco: Preliminary Services and Cost Data

San Francisco Health Commission  
March 17, 2009

## Presentation Outline

- ☐ Enrollment
- ☐ Services Data
- ☐ Cost Data
- ☐ Evaluation

## High Level Enrollment Data

- ☐ As of March 13, 2009, 37,440 uninsured adults participating in HSF
  - 62% of the estimated 60,000 uninsured adults in San Francisco)
- ☐ HSF serving uninsured who were not previous users of the health care delivery system
  - 24% of program participants are new safety net patients
  - 76% of program participants are existing safety net patients

## Services Data – Data Warehouse

- ☐ HSF maintains a clinical data warehouse.
- ☐ The primary function of the HSF Data Warehouse is for analysis and reporting of clinical data. The Department's data warehouse requirements are:
  - secure data collection
  - transmission protocols and processing
  - data quality
  - development and maintenance of data standards
- ☐ Managed by the program's third-party administrator, the San Francisco Health Plan (SFHP).
  - SFHP oversees the collection and analysis of all encounter data from entities in the provider network.
- ☐ SFHP provides Department with quarterly and ad hoc reports.

## Context for Services Data Results

- ☐ No comprehensive pre-HSF utilization database that can be used as a baseline.
- ☐ Based on enrollment for the time period July 2007 to December 2008, unless otherwise noted.
- ☐ Most of the encounter data (90%) is concentrated in two medical home systems (the Department of Public Health and North East Medical Services).
  - 80% of program participants within these two systems
- ☐ The hospitalization, emergency department and urgent care data includes all HSF participants, but admissions to hospitals other than SF General Hospital are not yet captured.

## Context for Services Data Results

- ☐ The majority of initial HSF enrollment occurs at the point of service when participants are receiving or will soon receive a service.
- ☐ It is not entirely reasonable to expect or witness system-wide affects of participant behavior in the first year of the program.
- ☐ Over 70% of HSF participants have incomes at or below 100% FPL reflecting the targeted phase-in approach to initially enroll the most vulnerable into the program.
- ☐ This is the first set of services data on HSF. It will be refined over time as the program progresses.

## HSF Provider Data Submission

- HSF provider grant agreements specify submission of utilization/ encounter data on a monthly basis to SFHP
- Data elements include, but not limited to:
  - Participant identification number
  - Encounter identification number (an identifier created each time a participant receives a service)
  - Service date
  - Procedure code (a code used to identify a specific service rendered [the "what happened code"])
  - Quantity of procedure
  - ICD-9 code (the specific diagnosis that the participant presents when seeing a clinician [the "why the participant got the service code"])
  - Place of service code
  - Rendering provider information (name, identification number)
- Electronic format and HIPAA compliant

## Data Results

- Reported in rates per 1,000 participants per year
  - Standard measure for reporting and comparing utilization
  - Calculation is A multiplied by B:
    - ❖ A: # of "things" in a month ÷ # of participants in a month
    - ❖ B:  $1,000 \times 12$  (# of months) = 12,000

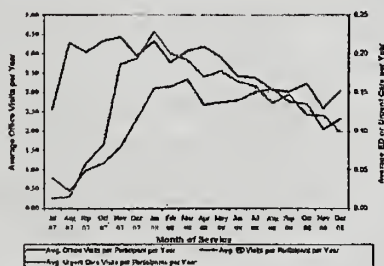
## Utilization Data

Service Utilization	FY 2007-08 Actual	FY 2008-09 Anticipated
Average visits per participant per year	3.93	3.05
Outpatient laboratory services per participant per year	1.67	1.1
Outpatient radiology services per participant per year	0.55	0.41
Surgical procedures (transcath & outpatient) per participant per year	0.19	0.15
Average number of prescriptions per participant per year	5.75	6.45
Hospital admissions per 1,000 participants	28.2	28.4
Number of hospital days per 1,000 participants	205	61
Average length of stay - hospitalization	3.64	3.34
ED visits per 1,000 participants	175	128
Urgent care visits per 1,000 participants	134	121
Average mental health visits per participant (CDBG data only)	1.53	1.33
Average mental health visits per participant (DPI and NEMS)	1.59	1.35
Average substance abuse visits per participant (CDBG data only)	0.8	0.56

## Utilization Data

- Utilization expected to remain constant or decrease from 2007-08 to 2008-09
- Data indicates that 7.3% of the ED visits were avoidable
  - Lower (14.8%) in comparison to San Francisco Health Plan data for adults Medi-Cal recipients
- Data indicates average number of office visits is higher than the average number of emergency department or urgent care visits

## ED, Office and Urgent Care Visit Comparison



## Comparison of HSF Utilization Data to Public Health Insurance Utilization Data

Service Category	Healthy Workers	Medi-Cal (Adults Only)
Hospital Admissions per 1,000	HSF is Lower Than HW	HSF is Lower Than M-Cal
Number of Hospital Days per 1,000	HSF is Lower Than HW	HSF is Lower Than M-Cal
Avg Length of Stay-Hospitalization	HSF is Lower Than HW	HSF is Lower Than M-Cal
ED Visits per 1,000	HSF is Higher Than HW	HSF is Similar to or Lower Than M-Cal

- Hospital utilization among HSF participants is lower than that found within the Healthy Workers and Medi-Cal populations.
- Emergency department visits were higher among HSF participants than for Healthy Workers members and similar to/lower than rates experienced in the Medi-Cal population.
  - ED use may reflect fact that 14% of HSF participants are homeless

## Frequency of Visits/Services – Percentage of Participants

Utilization Category	None	1 – 4	5 – 9	10+
Avg Primary and Specialty Office Visits	48%	41%	9%	2%
Outpatient Laboratory	62%	36%	2%	–

Utilization Category	None	1 – 2	3+
Outpatient Radiology Services	82%	16%	2%
Surgical Procedures (Inpatient and Outpatient)	93%	7%	0.60%

Utilization Category	None	1 – 10	11 – 30	31+
Avg # of Prescriptions	58%	31%	9%	2%

## Frequency of Visits/Services – Percentage of Participants

Utilization Category	Within 30 days	w/i 31 – 60 days	None w/i 60 days
Initial Office/Well Visits w/i 60 days	23%	10%	67%

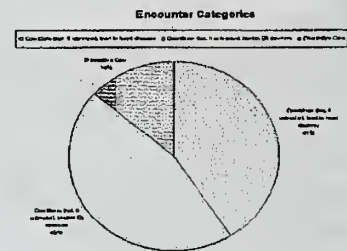
- ☐ HSF attempts to ensure that new participants receive their first clinical appointment within 60 days of calling for an appointment.
- ☐ The lack of a visit within 60 days does not denote an access to care issue.

## Disease Prevalence

- ☐ Data reveals that 24% of the HSF population (unique participants) has at least one of the following chronic diseases:

- asthma (less than 1%)
- diabetes (7%)
- hyperlipidemia (12%)
- hypertension (16%)

## Encounter Data by Top 20 Primary Reasons



## Quality and Access Measures

- ☐ The Department will monitor the quality of care provided within HSF using the Healthcare Effectiveness Data and Information Set (HEDIS).
- ☐ HEDIS incorporates a continuous enrollment requirement – essentially the number of years that a participant must be enrolled in the health plan in order to report on the measurement.
- ☐ HSF has not been in existence long enough (less than two years) for any number of program participants to meet the continuous enrollment requirement.
  - Attempting to derive these HEDIS measures for a current HSF population that does not meet the key enrollment criteria would be neither meaningful nor statistically valid.
- ☐ Department will provide HEDIS measures once continuous enrollment requirement met.

## HSF Financial Data

- ☐ No budget division for Healthy San Francisco.
  - Tracks expenditures through the HSF financial class
  - Division expenditures combined for HSF financial overview
- ☐ HSF financial data is comprised of two components:
  - incremental expenditures and revenues and
  - total expenditures and revenues.
- ☐ HSF cost comparison to purchase of health insurance.



## HSF Incremental Expenditures and Revenues

	2006-07 Start-Up	2007-08 Actual	2008-09 Estimated
Total Participant Months	0	126,268	403,864
Total Revenue	\$4,866,402	\$12,113,382	\$32,747,893
Total Expenditures	\$4,866,402	\$16,450,215	\$29,471,925

- During the first year of implementation (2007-08), HSF incremental expenditures exceeded revenue. This was not unexpected given necessary ramp-up and the number of participant months during the first year.
- For 2008-09, anticipated revenue will exceed anticipated expenditures. This does not result in surplus for HSF. These dollars help fund the prior year's shortfall.
- In 2008-09, the Department funded provider reimbursements at \$7.9 million. University of California, San Francisco at \$4.1 million. San Francisco Health Plan at \$5.1 million and an additional \$1.1 million for behavioral health providers.

## HSF Total Expenditures and Revenues

	2006-07 Start-Up	2007-08 Actual	2008-09 Estimated
Total Participant Months	0	126,268	403,864
Total Revenue	\$4,866,402	\$12,113,382	\$32,747,893
Total Expenditures	\$4,866,402	\$45,888,875	\$113,229,211
Revenues Less Expenditures	\$0	(\$33,855,493)	(\$80,481,318)
Per Participant Expenditure		\$364	\$280
Per Participant Revenue		\$96	\$81
General Fund Subsidy		(\$268)	(\$199)

## HSF Total Expenditures and Revenues

- The total expenditures and revenues include both incremental costs and existing costs for all services and administrative costs.
- The financial data indicate that for 2008-09, estimated expenditures for HSF will be \$113.2 million with revenue of \$32.7 million and a General Fund subsidy of \$80.5 million (the difference between expenditures and revenues).
- Based on estimated participant months, the monthly estimated per participant cost is \$280. On an annual basis this would equate to \$3,360.

## Total Estimated Costs of Serving Indigent & Uninsured (FY 2008-09)

- Department provides services to individuals ineligible not in HSF and provides services that are not in the HSF scope of benefits.
- These costs estimated at \$64,055,000 for 2008-09.

Uninsured Patient Population	Estimated Cost
HSF Uninsured Population	\$113,229,000
Non-HSF Uninsured Population	\$64,055,000
Entire Uninsured Population	\$177,284,000

## HSF Cost Comparison to Health Insurance

- Interest in determining how HSF's anticipated health care services costs compared to health insurance that an uninsured resident might purchase on the individual market.
- Compared HSF program to individual health insurance plans offered by Kaiser Permanente and Anthem/Blue Cross.
  - Chose two high quality health plans for the comparison.
  - Demonstrate that as a result of HSF not being insurance, Department able to provide access to services at a cost that is affordable for the City and County of San Francisco.
  - Not designed to question the benefits or premiums of the health plans.
- Limitations of this type of comparative analysis – principally because HSF is not health insurance. Department unable to find an appropriate comparable individual market health insurance product that:
  - Rates health care premiums on income and not age and gender.
  - Is not portable.
  - Does not take into account pre-existing conditions.

## HSF/Health Insurance Comparison on Participant Level

- Data indicate that out-of-pocket costs under HSF are less than those under individually purchased health insurance. The costs are less because HSF:
  - has lower point-of-service (called co-payments in health insurance terminology) and participation fees (called premiums in health insurance terminology),
  - does not price according to age and gender and
  - does not take into account pre-existing medical conditions.

## HSF/Health Insurance Comparison on Program Level

	KP-25 (45 year old Fet/Male Avg.)	Blue Cross-HMO (45 year old, Female or Male)	HSF (Fee not age/ gender based)
Monthly Anticipated Cost	\$388	\$618	\$280
No. of HSF Participants (assuming no participants have a pre-existing medical condition)	37,000	37,000	37,000
Estimated Monthly Cost	\$14,358,000	\$22,866,000	\$10,360,000
Estimated Annual Cost	\$172,272,000	\$274,392,000	\$124,320,000

## HSF/Health Insurance Comparison on Program Level

- ❑ If Department were to attempt to subsidize health insurance for all HSF participants, the costs would be significantly higher:
  - \$47.95 million with the comparable Kaiser product
  - \$150.07 million with the comparable Blue Cross/Anthem
- ❑ These costs could be lower or higher than what is stated here:
  - lower because costs do not taken into account any discounts from group purchase of coverage for this population
  - higher because data does not reflect potential increased costs for those with pre-existing conditions
- ❑ Mystery shopping revealed higher rates for those with pre-existing conditions or inability to obtain health insurance

## Evaluation

- ❑ Evaluate HSF to determine if it is achieving its goals to improve access to health services for uninsured adults in a non-health insurance model.
- ❑ Multi-pronged approach that takes into account the need to have evaluative information:
  - on the early aspects of the program,
  - on an ongoing basis and
  - both within and outside a formal evaluation process.

## Evaluation Components

- ❑ Participant Satisfaction Survey
  - Telephone survey is designed to ascertain the experience of early HSF enrollees.
  - Questions are in the areas of: enrollment process, knowledge and understanding of HSF, uninsured status, satisfaction with HSF, health status, access to care and health care utilization.
  - Survey is conducted by Kaiser Family Foundation.
- ❑ Applicant Health Access Questionnaire
  - HSF eligibility/ enrollment system (One-e-App) was enhanced to include a questionnaire.
  - Participants complete the survey questions at the time of initial enrollment and renewal.
  - Will capture applicants' pre- and post- Healthy San Francisco health access experience in a quantifiable fashion.
  - Enhancement funded by the California HealthCare Foundation.

## Evaluation RFP

- ❑ On March 19, 2009, the Department will release a Request for Proposals to retain an evaluation consultant. Bids are due April 16, 2009.
- ❑ The evaluation will be structured to provide formative findings, in addition to a summative analysis.
- ❑ Specific evaluation activities include examining utilization, administrative and financial data. The evaluation will also focus on the lessons learned and replicability.
- ❑ Funding: City and County funding, Blue Shield of California Foundation and The California Endowment for the evaluation. In addition, the Commonwealth Fund has provided conditional grant funding.

## Questions

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, April 7, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

GOVERNMENT  
DOCUMENTS DEPT

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 17, 2009  
*\*Minutes of the meeting of March 17, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION AND PROPOSED ACTION: PUBLIC HEALTH WEEK: REPORT & RESOLUTION  
(Brian Katcher, Pharm.D., Clinic Consultant, Community Health Promotion and Prevention, and June Weintraub, Environmental Health Services)  
*\*Report and Resolution*





- 7) **FOR DISCUSSION:** **CONTROLLER'S BUDGET IMPROVEMENT PROJECT & THREE-YEAR BUDGET PROJECTION REPORT**  
(Gregg Sass, Chief Finance Officer)
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **FEDERAL ECONOMIC STIMULUS AND THE IMPACT ON D.P.H.**  
(Gregg Sass, Chief Finance Officer)
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES COMMUNITY NEEDS ASSESSMENT AND ACTION PLAN**  
(September Jarrett, DCYF)  
*\*Report*
- 10) **FOR DISCUSSION:** **HEARING TO CONSIDER THE DEPARTMENT OF PUBLIC HEALTH'S MID YEAR BUDGET REDUCTIONS ELIMINATING OR REDUCING MEDICAL SERVICES (BEILENSON HEARING)**  
*\*Beilenson Notice*
- 11) **OTHER BUSINESS\*\*\***
- 12) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**PERSONNEL ISSUES RELATED TO THE DEPARTMENT OF PUBLIC HEALTH**

- D) Reconvene in Open Session
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
  2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

13) **ADJOURNMENT IN MEMORY OF JOHN T. KANALEY, 1957 - 2009**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.





\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public.



Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
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Web Site: <http://www.sfdph.org>

## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, April 7, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:05 pm

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner David J. Sanchez, Jr., Ph.D. (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 17, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the minutes of the March 17, 2009 meeting.

#### 3) DIRECTOR'S REPORT

##### **John Kanaley, 1957-2009**

As the Commission is aware, John Kanaley, Executive Administrator of Laguna Honda Hospital and Rehabilitation Center, died suddenly at age 51 on March 19, 2009. Prior to his appointment at

LHH in 2004, he had over 20 years of health care experience in hospital operations and construction. John's commitment to the residents and his kindness and wisdom as an administrator made him a dynamic and effective leader for Laguna Honda Hospital and Rehabilitation Center. The affection for John as an individual and the respect for him as a professional were evident in the many tributes to him during his memorial service at Laguna Honda on March 27<sup>th</sup>. A link to the Chronicle's special feature on John can be found at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/03/26/BAVH16N02J.DTL&hw=kanaley&sn=001&sc=1000>.

### **Interim Appointments at LHH**

I have asked Mivic Hirose, Director of Nursing at LHH, to serve as acting Executive Administrative. Ms. Hirose assumes an immense role as the hospital continues to grieve for the loss of John Kanaley and reinvents itself as a dynamic system ready to occupy and manage a world class long term care and rehabilitation facility. I know the Health Commission joins me in thanking her for accepting this challenge. We look forward to working with Ms. Hirose and the LHH staff providing them with whatever support she and her staff need to keep LHH moving forward.

Ms. Hirose has asked Debbie Tam to assume the role of Interim Chief Nursing Officer. Ms. Tam has been at LHH for 30 years, is a Nursing Director, and a respected clinical leader in DPH (a recipient of the Gene O'Connell award). She currently chairs the Patient Care Committee with the transition planning to the new building.

### **HealthySF on CNN**

CNN did a story on Healthy San Francisco recently with help from Ann Kim, MD and staff of Maxine Hall Health Center and San Francisco General Hospital. CNN producers interviewed a HealthySF member who had undergone heart surgery with an excellent outcome. The Commission will see the story today during Director's Report, but for future reference, it is now posted on the internet at: <http://www.cnn.com/video/#/video/health/2009/03/19/simon.health.san francisco.cnn>.

### **Update on Golden Gate Restaurant Association Lawsuit**

On March 30, 2009 the United States Supreme Court (Justice Kennedy) denied the Golden Gate Restaurant Association's (GGRA) request to immediately suspend the Employer Spending Requirement of the Health Care Security Ordinance. On March 15, 2009, GGRA petitioned the United States Supreme Court after the United States Ninth Circuit Court of Appeals declined GGRA's request for an en banc review of the three-judge panel decision that the ESR was not preempted by federal law. The City and County filed a response in opposition to GGRA's petition on March 27, 2009. On March 30, 2009 GGRA filed an opposing brief. On that same day, the United States Supreme Court denied GGRA's request. The Employer Spending Requirement of the Health Care Security Ordinance remains in effect.

### **Citywide Emergency Drill**

On Wednesday, April 1, DPH activated the Department Operations Center (DOC) for a citywide drill focused on testing communications and information management following an act of terrorism. DPH was represented at the Emergency Operations Center on Turk St. and worked along side many other emergency responders from Departments throughout the City and representatives from other agencies that would respond in an emergency such as the Red Cross and community-based organizations. Public Information Officers opened the Joint Information Center (JIC) and city



hospitals, including San Francisco General Hospital, opened their Emergency Operations Centers to test their own systems and capabilities. Prior to the drill, DPH staff held a series of trainings for those who were going to be working at the DOC and this past event also provided an opportunity to open the fiscal section for the first time. The next drill will be on June 18th and will be a pandemic flu scenario.

### **Older Adults with HIV Study**

HIV Health Services has been awarded a new grant from the Flowers Heritage Foundation through Public Health Foundation Enterprise to study older adults living with HIV. A recent analysis found that at least 17 persons living with HIV in San Francisco are over the age of 80, while another 172 individuals with HIV are between 70 and 79 years of age. The study will gather in-depth, qualitative information on the personal histories and life circumstances of elderly persons living with HIV through a series of one-on-one interviews that seek input on a broad range of issues and conditions. Michelle Long, Director of HIV Health Services, will be the Principal Investigator for this study.

### **2009 HIV Health Services Resource Guide**

The 2009 HIV Health Services Resource Guide has been published in Spanish and English. This is the first updated Guide since 2002 and is intended to assist newly diagnosed and severe need clients in identifying and locating appropriate services, as well as assisting other clients who may derive benefits from a printed guide to HIV-related health services in San Francisco. The Guide is available in print format and can also be accessed as a PDF on HIV Health Services website at <http://www.sfhivcare.com>.

### **Mental Health Rehab Center Passes State Survey**

The California Department of Mental Health conducted the annual survey of the Mental Health Rehabilitation Center, located on the third floor of the Behavioral Health Center at San Francisco General Hospital. The survey, which spanned four days, began on Tuesday, March 24 and ended March 27. The lead surveyor was very impressed with the care the staff delivers daily to the MHRC residents. She commented specifically that "other organizations throughout the state could certainly learn and model their care after ours." The surveyor commented favorably on all aspects of care, including pharmacy, environment of care, and resident satisfaction. Congratulations to the MHRC leadership and staff for a job well done.

### **SFGH Pediatric Asthma Clinic Celebrating 10<sup>th</sup> Anniversary**

On March 25, the SFGH Pediatric Asthma Clinic celebrated its 10<sup>th</sup> anniversary. Begun in 1999, the Children's Health Center at San Francisco General Hospital formed the SFGH Pediatric Asthma Clinic to bring services to families and children with asthma in San Francisco's underserved communities. Ten years later, the Pediatric Asthma Clinic has evolved into a highly successful program utilizing a team of specialized professionals. Every patient who visits the Asthma Clinic receives a full medical evaluation, including allergy skin testing and lung testing. The services to the children and their families cover a wide array of critical areas that even includes health educators who visit homes to help patients decrease environmental asthma triggers and who also provide extensive asthma education.

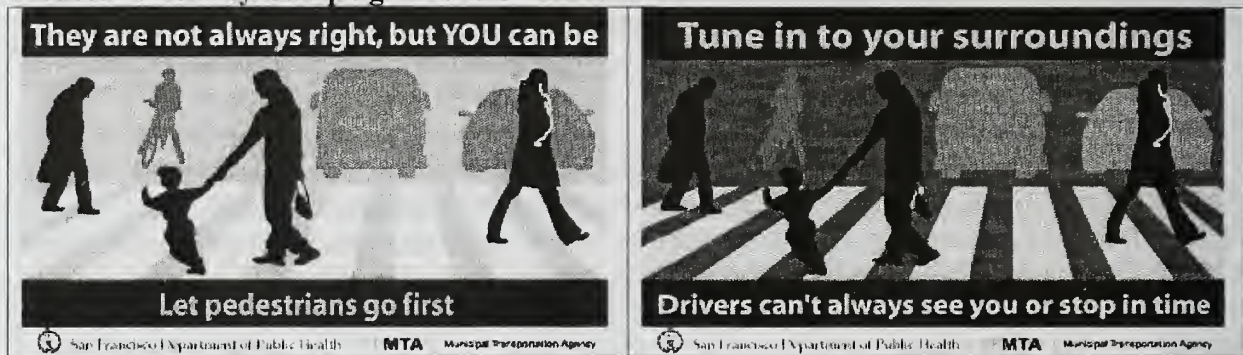
Over the past ten years, the clinic has served more than 1600 children with asthma and provided over 5000 comprehensive asthma evaluations. Patients visiting the clinic are predominantly from

the Mission District, Excelsior and Bayview/Hunter's Point. The clinic also provides allergy testing and treatment for children with and without asthma diagnoses.

In response to the high volume of patients from the Bayview area, the SFGH Pediatric Asthma Clinic formed a partnership with Southeast Community Health Center, helping this center to form its own on-site asthma clinic. The SFGH Pediatric Asthma Clinic hopes to continue this partnership with other clinics around San Francisco to help improve access to quality asthma care.

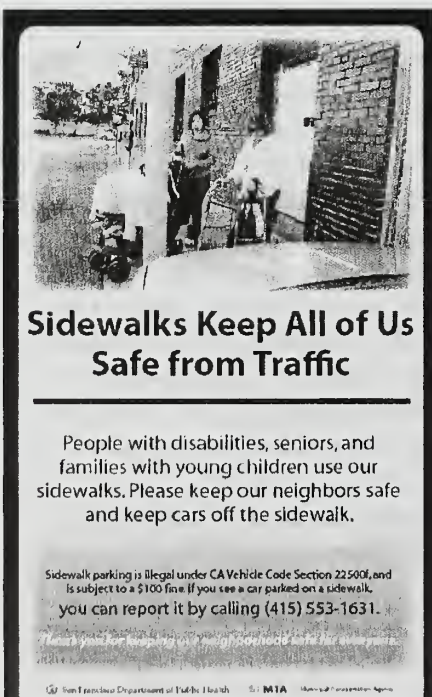
I know the Commissioners join me in congratulating the staff at the Pediatric Asthma Clinic for their 10 years of service to the families and children with asthma and thank them for their special care and concern for community members in our underserved neighborhoods.

### Pedestrian Safety Campaign Kicks Off



DPH has a joint grant with the Municipal Transportation Agency titled *Streets Smarts and Sidewalk Safety*, focusing on pedestrian safety in intersections as well as sidewalk obstructions such as sidewalk parking.

As part of *Streets Smarts and Sidewalk Safety* grant, the two agencies are launching a media campaign. The main focus of the campaign will be on pedestrian safety in intersections with 2 distinct messages. The message targeting drivers states that "They are not always right, but you can be. Let pedestrians go first." The second message targeting pedestrians is, "Tune in to your surroundings. Drivers can't always see you or stop in time."



These visuals will be posted on Muni buses, Muni shelters, City-owned garages, billboards, and sfgate.com. Campaign messages will be received by the general public on traffic radio reports and in the Muni underground stations.

Sidewalk parking presents significant pedestrian safety hazards to people with disabilities. To address sidewalk parking, the following advertisement will be placed in all San Francisco neighborhood newspapers as well as *El Tecalote* and *Sing Tao*.



Federal funding for this grant has been made available in whole or in part by a State Transportation Improvement Program (STIP)/ Transportation Enhancement Activity (TEA) grant administered by the California Department of Transportation (CalTrans).

#### **Gene Marie O'Connell Named "Woman of the Year"**

Every year, the board of directors for the Women Health Care Executives (WHEC) of Northern California selects one outstanding woman from the many talented health care professionals working in the greater San Francisco Bay Area. Last week WHEC announced that Gene Marie O'Connell, newly retired chief executive officer of San Francisco General Hospital and Trauma Center, has been named its 2009 "Woman of the Year." O'Connell will be honored at a gala dinner to be held in San Francisco on Thursday, June 18, 2009. Congratulations to Ms. O'Connell for this well deserved recognition. For more information about WHEC and the June event, go to <http://www.whce.net>.

Anne Kronenberg provided two updates to the Director's Report:

Yesterday, Dr. Katz and Ms. Brigham were invited to attend the Western Regional White House Forum on Health Reform. It was hosted by Governor Schwarzenegger and Governor Gregoire of the State of Washington, along with Melody Barnes, the Director of President Obama's Domestic Policy Council. Dr. Katz was one of only a handful of people asked to speak during the forum, and the only one offering a potential model for health care reform --Healthy San Francisco. Governor Schwarzenegger pointed out that while the states are laboratories for the federal government, counties can be laboratories for the State, and said he was very pleased with the success of Healthy San Francisco.

Dr. Katz is this year's recipient of the Beverlee Myer's award. The Beverlee A. Myers award is presented each year to an individual who has exhibited outstanding leadership and accomplishments in public health in California. Established in 1993 in honor of the late Beverlee A. Myers, the award reflects the leadership and dedication to all aspects of public health improvement exemplified throughout her 25-year career, which included her service as the Director of the California Department of Health Services from 1978 to 1983.

#### **Commissioner Comments/Requests for Follow-up:**

Commissioner Sako asked if there were any updates to the report on Laguna Honda. Ms. Kronenberg responded that Delvecchio Finley of going to LHH to help out in the transition.

Commissioner Illig asked about the status of the Golden Gate Restaurant Association's U.S. Supreme Court appeal. Ms. Brigham responded that the Golden Gate Restaurant Association has until early June to file its appeal.

#### **4) GENERAL PUBLIC COMMENT**

Lucy Johns Strategic Health Planner spoke about the institutional master plan (IMP) submitted by CPMC. The review is about to start. A draft report is due 45 days after the clock begins. She believes this is an opportunity to leverage better health and health care for San Francisco, and urged to Commission to hold public hearings over the next couple of meetings.



Commissioner Chow noted the need for guidance and process to make the fullest opportunity to provide input. CPMC will be a much more complex IMP than the St. Francis IMP that was heard earlier in the year. He suggested that a process would provide an opportunity for full input to the Planning Commission.

Commission Illig suggested that it go first to the Citywide Health Planning and Effectiveness Committee.

Commissioner Sako asked about the process. Alicia Neumann, Senior Health Planner noted that she had a planning meeting with the Lewin Group today, and that Lewin will in San Francisco twice both to interview stakeholders and to present its initial findings to the Commission.

Commissioner Melara requested that other Commissioners provide input to CHPEC. Ms. Kronenberg requested that the input be provided to staff as soon as possible.

#### **5) FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the actions of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the April 7, 2009 Consent Calendar of the Finance Committee.

#### **6) PUBLIC HEALTH WEEK: REPORT & RESOLUTION**

Brian Katcher of Community Health Promotion and Prevention presented the activities of the Department regarding National Public Health Week, April 6 – 10, 2009. June Weintraub of Environmental Health Services reported on the Water Programs at the Department in support of Public Health Week. A copy of the presentation is attached and incorporated into these minutes.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the Resolution Honoring Public Health Week, April 6 – 10, 2009.

#### **7) CONTROLLER'S BUDGET IMPROVEMENT PROJECT & THREE-YEAR BUDGET PROJECTION REPORT**

Gregg Sass, Chief Financial Officer presented the Controller's Budget Improvement Project and Three-Year Budget Projection Report. A copy of his presentations is attached and incorporated into these minutes.

#### **Commissioner Comments/Requests for Follow-up:**

Commissioner Tierney noted that HSA predicts huge caseload increases as a result of the economic downturn requiring significant additional funding, which should also be included in DPH's planning.

Commissioner Chow noted that there is currently no plan for replacing the subsidy for Healthy SF through the Hospital Waiver Coverage Initiative. Mr. Sass responded that the Hospital Waiver is due to expire, and there are significant discussions going on, which could mean large changes to the Hospital Waiver.

Commissioner Illig asked about the FY 2009-10 citywide deficit. Mr. Sass responded that due to other items such as the FMAP increase and others, the citywide deficit is a bit of a moving target. Commissioner Illig noted that the assumptions in the three-year report are that the train keeps moving at the same pace, including city staffing.

Commissioner Illig recommended that the Laguna Honda Hospital (LHH) Joint Conference Committee (JCC) consider why LHH is spending 2.5 times the per capita amount than a public skilled nursing facility in San Mateo County.

Commissioner Illig noted that no Commissioners were interviewed for the Barbary Coast report. He noted that he intends to bring this to the Controller's Office attention.

Commissioner Chow asked what the Commission intends to do with these reports. Commissioner Illig responded that Commissions were requested to bring these reports forward at Commission meetings. Commissioner Chow asked about the policy implications of the differences between San Francisco and other counties. Ms. Kronenberg responded that the report made her proud to be in San Francisco, but that the Department could respond to the Controller's Office highlighting the reasons for the differences.

Commissioner Sako asked about performance measurement use in DPH. Mr. Sass responded that we do collect data on and report on performance measures as part of the budget process. He added that amount of funding is not, however, made on the basis of performance measures. Commissioner Sako asked whether there is room for improvement. Mr. Sass responded in the affirmative.

**8) FEDERAL ECONOMIC STIMULUS AND THE POSSIBLE IMPACT ON D.P.H.**

Gregg Sass, Chief Finance Officer reported on the Federal Economic Stimulus and the Possible Impact on DPH. A copy of his presentation is attached and incorporated into these minutes.

**9) DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES COMMUNITY NEEDS ASSESSMENT AND ACTION PLAN**

September Jarrett of the Department of Children, Youth, and Their Families (DCYF) presented DCYF's Community Needs Assessment and Action Plan. A copy of her presentation is attached and incorporated into these minutes.

**Commissioner Comments/Requests for Follow-up:**

Commissioner Melara noted the comment about working with other departments about how to work better and how to fund organizations effectively, especially given that frequently we are working with the same families. She noted the need to work more collaboratively beyond three departments. How can we build a citywide system with one home organization rather than looking at it in a piecemeal fashion. Ms. Jarrett noted that out of the adversity of the economic downturn is an opportunity to work together better.

Commissioner Tierney asked about substance use and abuse and whether it is included in the needs assessment. Ms. Jarrett responded that DCYF is working with DPH to begin to understand family dynamics and to screen for problems in the various programs DCYF funds, including child care, after school programs, and school-based programs.

Commissioner Sako asked about transitional foster care children and the work that DCYF is doing with that population. Ms. Jarrett responded that DCYF is aware of the issue and is beginning to work with children at younger ages. She said that increased attention is being given both at the city and state levels. The Mayor's Transitional Youth Task Force includes DPH, DCYF, other City departments, non-profits, and youth to evaluate how programs are working.

Commissioner Chow asked about the Wellness programs and how DCYF is working with schools on that program. Ms. Jarrett responded that it is a joint program of DCYF, DPH, and the School District. Washington High School was one of the first high schools in the city to receive a Wellness Center, which was not successful. It was pulled from Washington and transferred to another high school, but recently reopened at Washington.

**10) HEARING TO CONSIDER THE DEPARTMENT OF PUBLIC HEALTH'S MID YEAR BUDGET REDUCTIONS ELIMINATING OR REDUCING MEDICAL SERVICES (BEILENSON HEARING)**

Public Comment:

Jennifer Friedenbach of the Homeless Coalition noted that the lack of people in attendance should not be an indicator to the Commission that the cuts in DPH programs will not have a significant impact, particularly in mental health and among the homeless population. The Coalition did a study that found a 43 percent reduction in the number of clients who will be receiving city-funded mental health services. She noted the need to focus services on community-based rather than more expensive institutional based care.

Commissioner Comments/Requests for Follow-up:

None

**11) OTHER BUSINESS**

None

**12) CLOSED SESSION**

Public Comment on All Matters Pertaining to the Closed Session:

None

Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11):

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) voted to hold a closed session.

The Commission went into closed session at 6:03 p.m.

Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)



## PERSONNEL ISSUES RELATED TO THE DEPARTMENT OF PUBLIC HEALTH

### Reconvene in Open Session

Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

The Commission reconvened in open session at 6:42 p.m.

Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) voted not to disclose any discussions held in closed session.

### 13) ADJOURNMENT IN MEMORY OF JOHN T. KANALEY, 1957 - 2009

The Commission adjourned at 6:42 p.m. in memory of John T. Kanaley.



James M. Soos

Acting Health Commission Executive Secretary

Attachments: (5)

## Water Programs at the San Francisco Department of Public Health Environmental Health

Presentation to the San Francisco Health Commission in honor of Public Health Week

April 7, 2009

June Weintraub, Sc.D.  
Senior Epidemiologist, Environmental Health

Water Programs at SFPDH Environmental Health		
Category	1990's	2000's
Recreational Water	Swimming Pool and Spa Inspections Beach Water Sampling and Posting	
Cross Connection Program	Ordinance Passed	Cross Connection Control Program
Lead	Lead service line replacement project	Drinking water lead testing and Lead-free faucet programs
Cryptosporidium	Grazing Controls	Case Control Study Cryptosporidiosis Surveillance Project Cryptosporidium Detection Action Plan
Fluoridation		Systemwide Fluoridation
Disinfection		THM and spontaneous abortion study support Chloramine conversion
Water Security		OTC Wells
Environmental		Monitoring Wells, Mussel & Bay Water Sampling Recycled Water Master Plan, Greywater Reuse Rainwater Harvesting, Drinking Water Safety

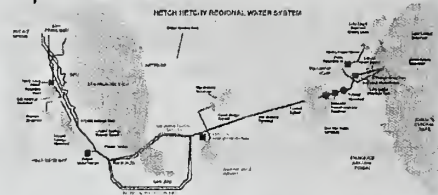
## Recreational Water

Ensure safety of recreational waters through testing and enforcement

- Monitor city beaches  
<http://www.sfdph.org/dph/EH/Water/beach.asp>
- Review, permit and inspect swimming pools and spas



## Drinking Water



- SFPUC supplies water to 2.4 million customers in four counties in the Bay Area
- Unfiltered Hetch Hetchy Reservoir water (> 80%)
- Filtered local Bay Area reservoirs water (< 20%)

## Drinking Water

Work with the SFPUC to ensure protection and safety of the drinking water supply

- Cross Connection control
- Cryptosporidiosis and other waterborne disease surveillance
- Chloramine conversion support
- Legionella study
- Support for fluoridation as a public health measure
- Prevention and education about lead
- Emergency planning and security



## Environment, Water Supply and Conservation

Support environmental protection and conservation through interagency collaboration

- Monitoring wells
- SFPUC Recycled Water Master Plan and Sewer System Master Plan
- Cruise Terminal Environmental Advisory Committee
- California Environmental Health Tracking Program
- Mussel and bay water sampling
- Rainwater harvesting
- Greywater and treated wastewater reuse



## John Snow (1813-1858)

- "Father of epidemiology"
- Investigated Cholera outbreak in 1854
- Noticed more deaths around the area of the Broad Street pump
- Took the pump handle off, and the epidemic abated
- Demonstrated how effective investigation, monitoring, surveillance and intervention can protect the public health from waterborne disease



## For More Information

[June.Weintraub@sfdph.org](mailto:June.Weintraub@sfdph.org)

<http://www.sfphes.org/water>

<http://www.sfdph.org/dph/EH/default.asp>

<http://www.sfdph.org/dph/EH/Water/beach.asp>

<http://www.sfdph.org/dph/EH/CrossFlow/>

<http://www.sfdph.org/dph/EH/Water/>

<http://www.sfdph.org/dph/EH/Wells/>



# Budget Improvement Project

## Summary of Controller's Report to Mayor and Board of Supervisors

### Project Overview

By Charter, the City must adopt and maintain a balanced budget.

During this past decade, maintaining this track record has often required extraordinary and unsustainable efforts, including:

- Closure of projected deficits in each of the past 10 years,
- Significant mid-year spending reductions in 4 of 10 years,
- Renegotiation of closed labor contracts in 7 of 10 years,
- Voter consideration of tax increases in 8 of 10 years.

Despite these efforts, the City still faces significant deficits for the coming several years.

2

### Project Overview

Given this historical context, The Mayor asked the Controller's Office to undertake a review of structural barriers to the achievement of long-term, sustainable balance of the City's budget.

The Controller created four working groups:

- An analytical review of historical revenue and spending trends, focusing on identifying the fastest growing revenues and expenditures,
- A survey of spending levels on core services in San Francisco compared to our peer California cities and counties,
- A comparison of San Francisco's budget and financial policies versus recommended governmental standards,
- Interviews and discussions with key budget stakeholders concerning the process San Francisco uses to prepare and manage its budget. This was led by consultants from Barbary Coast.

3

### Project Approach

Working groups were formed around these four issue areas. These working groups included participation from over 30 finance professionals in the Controller's Office, the Mayor's Budget Office, the Board of Supervisors Budget Analyst, and City departments.

For comparisons to other cities and counties, surveys were conducted of spending levels in 10 cities and counties, including San Jose, Los Angeles, Sacramento, and Alameda County. Data from other cities and counties are intended to provide general comparative information.

San Francisco is unique relative to its peer jurisdictions because it is a combined City and County and contains functions that are often organized under special districts in other jurisdictions, and because of its high population density and its high daytime population.

4

### Growth During the Past Decade

General Fund Supported budget has grown from \$2.4 billion to \$4.0 billion during the past ten years. This represents average annual growth of 5%, versus 3% inflation during the same period.

The General Fund has been supported by extraordinary growth in several key General Fund revenues, with revenue volatility driven by property transfer tax and use of prior year fund balance.

Four General Fund departments -- Public Health, Human Services, Police, and Fire -- account for 60% of spending growth during this period. Within city agencies, the majority of spending growth has occurred to improve employee wages and benefits.

Comparisons indicate that San Francisco provides a very rich array of services at a greater cost than other surveyed cities and counties in California, and is supported by a robust and diversified revenue base.

5

### Expenditure Growth Drivers

Growth in employee wages and benefits for services that the City provides directly account for 54% of spending growth during this period

Growth in spending on the services the City buys accounts for 25% of the growth

All growth in employee wage and benefits costs has been driven by employee wages and benefit improvements and not the number of employees, which is largely unchanged from seven years ago.

Active and retired employee health benefit costs -- largely driven by processes outside the City's labor negotiation process -- have grown at 10% annually, nearly double the rate of overall employee wage and benefit growth.

6

## Expenditure Growth Drivers

Growth in General Fund Supported spending on four City departments – Public Health, Human Services, Police, and Fire – accounts for 60% of increased spending during this period. Services provided by these departments account for 64% of current General Fund supported spending.

GF3+ Uses by Department (\$ Millions)		FY 1998-99		FY 2008-09		10-Year Change	
Department		Orig Budget	% of Budget	Orig Budget	% of Budget	Annual Avg % Change	% of Total Change
Public Health	\$	644	25%	1,275	23%	4%	24%
Human Services Agency		364	15%	619	16%	5%	16%
Police		220	8%	371	9%	5%	10%
Fire		140	6%	251	8%	5%	7%
Subtotal		1,370	66%	2,515	64%	8%	60%
All Other Departments		644	29%	927	24%	3%	16%
Total Departmental Uses		2,361	84%	3,452	87%	4%	76%
Transfers Out to other Funds		0	0%	46	1%	184%	3%
Baseball and Tax Set-Asides		133	6%	468	12%	13%	21%
Total Uses	\$	2,384	100%	3,957	100%	8%	100%

7

## Public Health - Hospital Services

San Francisco's per capita spending on public health services is more than double the average of our surveyed peer counties. In part, this is due to San Francisco's ability to secure grant and other federal funding.

The City operates two public hospitals – San Francisco General Hospital and Laguna Honda Hospital, a skilled nursing facility (SNF).

- The Controller recently conducted a review of the cost per discharge case at San Francisco General Hospital and found it to be comparable to other public hospital systems.

- Laguna Honda is the largest skilled nursing facility in the State. San Mateo operates a small SNF and reports no General Fund investment in its operation, versus San Francisco's \$50M General Fund subsidy. Total costs per bed in San Francisco are 2.5 times higher than at San Mateo's facility.

8

## Public Health – Non-Hospital Services

San Francisco provides a broader array of non-hospital services than other surveyed counties.

- The majority of respondents operate primary care clinics. San Francisco's cost per patient visit is comparable to the survey average, and well below that of Los Angeles County.
- San Francisco is the only surveyed county that has a health department that provides funding in its health department for permanent supportive housing and medical respite services.
- San Francisco spends dramatically more per capita on substance abuse, mental health, maternal & child health, and HIV/AIDS services than our surveyed peers.

9

## Public Health – Spending Comparisons

Service Area	Spending per Capita (per year) Includes all Funds			
	San Francisco	Los Angeles	Sacramento	San Mateo
Substance Abuse	\$86.66	\$15.13	\$20.42	\$22.94
Housing	\$27.07	\$0.00	\$0.00	n/a
Child & Maternal	\$31.11	\$2.20	\$0.96	\$4.68
Mental Health	\$300.63	\$133.75	\$117.57	\$124.59

10

# 'Three-Year Joint Report

## Three-Year Projection for GF supported operations 2009-10 through 2011-12

Joint Report by the Controller, Mayor and Budget Analyst

## Summary of Projected Deficits

The report updates the current year projected deficit, based on six months financial data, and forecasts the projected deficits for the three subsequent years assuming current spending.

	(Amounts in millions)		
	2009-10	2010-11	2011-12
Projected Deficit	\$438	\$615	\$746

In the event that deficits are addressed with solutions that are ongoing, the deficit for future years would be reduced. The 2009-10 budget does include significant one-time solutions, which will not reduce shortfalls for future years.

2

## Key Assumptions

- No major changes to service levels and number of employees
- Increases in FMAP (Federal Medicaid Assistance Percentage) included in projections
- Economic downturn impact on revenues continues through 2009 followed by slow recovery
- \$18.4M increase in State funding reduction in 2009-10 compared to 2008-09 based on Special Legislative Sessions in February
- No change in closed labor agreements and inflationary increase on open agreements
- Retirement Plan Contributions will increase in future years as a result of a 20% decline in retirement assets in 2008-09
- |                       |          |                       |          |
|-----------------------|----------|-----------------------|----------|
| 2008-09 contributions | \$ 67.0M | 2009-10 contributions | \$127.4M |
| 2010-11 contributions | 160.9M   | 2011-12 contributions | 198.6M   |
- Inflationary increases are assumed for M&S, professional services, and CHO contracts 1.7%, 2.7%, and 2.8% for each of the next three years
- Medical inflation on health and dental insurance assumed at 5.5%, 4.5%, and 5.1% for each of the next three years
- 10% annual increases assumed for capital plan funding
- No rainy day reserve withdrawals assumed. To the extent the reserve is drawn upon, the 2009-10 shortfall would decrease.

3

## Key Factors that could affect projections

- Federal Stimulus Funding (non-FMAP) may offset GF expenditures
- Additional changes in State funding based on updated State Legislative Analyst Office report or the failure of certain ballot measures
- New development projects may impact costs and revenues
- Pending or proposed legislation for additional fees/revenues by Board of Supervisors
- Potential new revenue proposals and Charter Amendments and changes to baseline requirements if approved by voters
- Natural disasters and man-made disruptions

4

## Observations and Conclusions

- Many variables can change the outcome of a multi-year projection
- The deficits projected in this report are the largest we have seen compared to previous 3-year joint reports
- The cost of service supported by the General Fund exceeds current and projected revenues. Until the imbalance is addressed, either with increases to ongoing revenues or reductions in spending, annual deficits will continue and General Fund departments will be required to make additional reductions in General Fund
- It appears that the imbalance in revenues and spending is in the range of \$500 million, which is more than 40% of discretionary General Fund
- While the use of one-time solutions may well be needed to balance the 2009-10 budget, and will buy time to find other long-term solutions, the use of one-time solutions will also result in a continuation of hiring and spending freezes, mid-year reductions, and annual budget deficits next year and beyond
- The Health Department is benefitting from additional revenues from FMAP, much of which is one-time, and temporary, expiring on December 31, 2011. If we are required to further reduce our GF in the 2010-11 budget, we should anticipate that we will be required to fund the decline in FMAP and loss of other one-time solutions in addition to meeting any GF reduction targets

5



## American Recovery and Reinvestment Act of 2009 (ARRA)

## American Recovery and Reinvestment Act of 2009

### Overview

- AARA Signed into law on February 17, 2009
- Total federal funding - \$787 billion
- Estimated funding to California - \$48.34 billion
  - ✓ Health and Human Services - \$14.86 billion
  - ✓ Education - \$12.69 billion
  - ✓ Infrastructure - \$7.30 billion
  - ✓ Labor - \$8.36 billion
  - ✓ Energy / Climate - \$3.37 billion
  - ✓ Science technology, housing and public safety - \$1.76 billion

## Funding Directed to Health

The Health Department will benefit from additional funding from:

### Formula Funding

Temporary increases in federal matching funds matching local qualified expenditures for Medi-Cal services.

### Competitive Awards

Grants to fund projects in several areas, including funding for medical technology and other infrastructure investments. Details on how to apply are still in development at this time for most of this funding.

## Formula Funding

**FMAP (Federal Medicaid Assistance Percentage)** The federal match available for Medi-Cal expenditures (50% for California) will increase to 61.59% retroactive to 10-1-08 and expiring 12-31-11. This will increase funding to DPH an estimated \$53 million over the 27-month period, \$41 million of which is estimated for the current and budget year.

**DSH (Disproportionate Share Hospital)** A 2.5% increase in DSH funding will provide an estimated \$8.5 million increase for the 27 month period, \$6.5 million of which is estimated for the current and budget year.

	08-09	09-10	10-11	Total
- FMAP Federal Medicaid Assistance Percent (increases from 50% to 61.59%)	18.19 M	23.03 M	11.53 M	52.75 M
- DSH Disproportionate Share Funding (increased 2.5%)	2.83 M	3.77 M	1.87 M	8.47 M
<b>Total</b>	<b>21.02 M</b>	<b>26.80 M</b>	<b>13.40 M</b>	<b>61.22 M</b>

## Competitive Funding

There are significant opportunities to apply for competitive grants in many areas.

We have identified the funding categories most relevant to the Health Department which include:

- Health Information Technology for Economic and Clinical Health (HITECH)
- Prevention and Wellness
- Violence Against Women
- Community Clinic Renovation
- Broadband / IT
- Healthcare Research and Quality
- Energy Efficiency

We plan to pursue all available competitive grants. We believe we are particularly well positioned to benefit from the HITECH funding.

## HITECH

There is about \$36 billion in stimulus funding available over the next six years. Following is information on three major projects that we are prepared to pursue:

**Ambulatory Electronic Health Record** - to support integration of primary and specialty services for Healthy San Francisco (\$6M)

**Expand the Ambulatory Electronic Health Record** to 20 community health centers serving as medical homes to members of Healthy San Francisco (\$2.5M)

**Computerized Physician Order entry (CPOE) and Medication Bar-Coding** to reduce medication errors in the ordering, processing and administration of medications at San Francisco General Hospital (\$5.5M)

The deadline for HHS to publish notice describing HITECH program and availability of funds is 5/18/09. Deadline for grants to be awarded to states is 1/1/10.

## Other Activities

Last month Mitch Katz and Catherine Dodd traveled to Washington D.C. to promote our highest priority projects.

The Mayor's Office announced the appointment Kyni McClellan to serve as his day-to-day point person and the lead in coordinating the City's interests to bring the maximum amount of stimulus money to the City and County as possible.



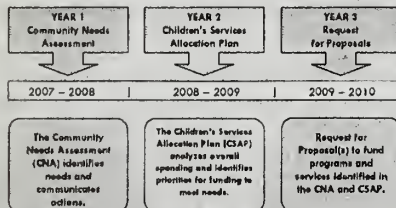
## Today's Presentation

- Needs Assessment Process
- Demographic Snapshot
- Child and System Trends Highlights
- Feedback

## Context

A needs assessment is part of a three-year cycle to develop a citywide action plan and priorities for funding.

### SF Charter: Children's Amendment Planning Cycle



## The Needs Assessment Process

The Community Needs Assessment (CNA) is both a process and a product that lays the groundwork for a citywide action plan for children, youth and families and priorities for funding allocations.

Built from the 2005 Community Needs Assessment, the 2008 edition is updated with

- Research and quantitative data
- 20 neighborhood community conversations
- Citywide youth hearings
- Consultation with city departments and grantees.

The full draft Community Needs Assessment is available at [www.dcyf.org](http://www.dcyf.org)

## Next Steps

- Hearing at Board of Supervisors
- Community Needs Assessment Finalized
- Creation of Children's Services Allocation Plan

Issues to address in the Allocation Plan:

- |   |                              |
|---|------------------------------|
| Cost effectiveness                          | Accountability               |
| Role of the Children's Fund                 | Program models               |
| Community Based Organization (CBO) strategy | Highest priority populations |
| Core functions of city departments          | Revenue ideas                |

## Findings: Themes

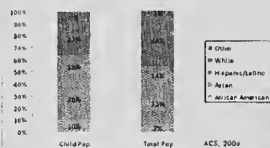
- Family needs similar to needs of all city residents – safety, vibrant community, strong institutions, quality services
- Surprisingly few difference by neighborhoods, populations or stakeholders
- Family focus, not just children and youth
- Collaboration is essential
- Asset-based approaches are critical



## Demographic Snapshot: Who are San Francisco's children and families?

San Francisco is home to an estimated 110,000 children and youth ages 0–17. They are present in about 1 out of every 5 households and account for 14.8% of the city's 744,041 residents. (*American Community Survey (ACS), 2006*)

Population by Race/Ethnicity, 2006



The child population is significantly more ethnically diverse than the adult population (see table).

## Demographic Snapshot: Who are San Francisco's children and families?

- Following decades of decline, the child population has plateaued. SFUSD enrollment has stabilized.
- African Americans, Latino and Pacific Islander youth and families are disproportionately impacted by poverty, health disparities and school failure.
- African Americans are 10% of the child population, but 30% of children in poverty.
- 27.5% of students in San Francisco public schools are English Language Learners

### Special Needs Populations include:

- abused and neglected;
- immigrants;
- transitional age youth;
- homeless youth and families;
- youth in the juvenile justice system;
- LGBTQ youth;
- families in public housing;
- pregnant and parenting youth;
- children with disabilities.



## Health and Wellness

STATUS: Moving in the right direction

**Access to Care:** A higher percentage of children in San Francisco are covered by health insurance than anywhere else in the country.  
➤ Action: Monitor the status of the 3,000 transitional age youth who were transferred from Healthy Kids to Healthy San Francisco.

**Healthy Environments:** 88% of the population lives within 1/4 mile of a park.  
➤ Action: Create environments to support healthy eating and active living.

**Emotional Well Being:** The increasing severity and complexity of behavioral health needs has put a strain on existing services.  
➤ Action: Expand training of community partners to recognize behavioral health and substance abuse problems.

**Physical Health:** Over the past 30 years, the national prevalence of childhood obesity has more than doubled for youth ages 12–19 and more than tripled for children ages 6–11.  
➤ Action: Increase the availability of afterschool and child care programs which offer physical activity and nutritious food.

## Early Care and Education

STATUS: Moving in the right direction

**Availability:** Licensed care is available for only 43% of children with parents in the labor force.  
➤ Action: Ensure that child care is included in the city's General Plan.

**Quality:** Over half of family child care and licensed centers scored 4.5 or above on the Early Childhood Environment Rating Scale (scale 1-7).  
➤ Action: Continue and expand collaborative efforts to improve quality.

**Affordability:** Unmet need for child care subsidies is 52%.

➤ Action: Preserve and expand investment in child care subsidies and protect the continuity of care between programs.

## Afterschool Programs (Out of School Time)

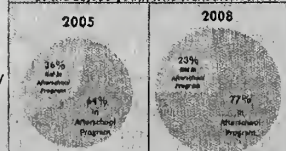
STATUS: Right direction

**Progress:** Currently reaching 77% of population in need (see chart)  
Expanded 4,500 slots (adding capacity and enhancing quality)  
Collaborative planning among City, SFUSD, providers, parents  
Created afterschool program locator at [www.sfkids.org](http://www.sfkids.org)

### Goals:

- Afterschool for All by 2010
- "Blended funding" model
- Professionalization of workforce
- Raise the bar for program quality

Of the 33,500 youth who went afterschool:



## Violence Response selected facts and actions

STATUS: Moving in the wrong direction

**Safe Homes:** Between 5,000 and 11,000 children and youth are exposed to domestic-violence each year in San Francisco.

➤ Action: Continue SafeStart initiative focused on young children exposed to violence and expand efforts to replicate best practices in government systems.

**Safe Schools:** 59% of 7<sup>th</sup> graders, 54% of 9<sup>th</sup> graders and 60% of 11<sup>th</sup> graders report feeling safe or very safe at school. (SFUSD students only.)

➤ Action: Continue collaborative efforts to improve safety with clear outcome tracking.

**Safe Communities:** Violence in San Francisco is rising. From 2005 to 2007 violence crime rose 7% and homicides reached a decade high. Over half of YouthVote respondents report that "harassment and violence on MUNI is a problem."

➤ Action: Pursue multiple strategies

- Implement joint funding and monitoring of Violence Response/Intervention Grants
- Implement Mayor's Violence Prevention Plan
- Expand transportation strategies to ensure safe passages between home and school



## Citywide Improvements

### selected facts and actions

*Public Schools: Education is the single biggest investment to provide a youth.*

Action: Create responsive, high quality, full service schools that engage community and families and serve as hubs of neighborhoods.

Action: Support implementation of the new SFUSD Strategic Plan and "Balanced Scorecard" to address access and equity.

*Public Housing: Improve living conditions of and services to residents of public housing who earn on average of \$12,000 per year.*

Action: Actively implement HOPE SF revitalization of 8 family housing developments and surrounding neighborhoods.

Action: Continue to improve collaboration between the Housing Authority, the City, and community based organizations to meet resident needs.

Further feedback and questions are welcome!

Maria Su  
Acting Director

554-8991

September Jarrett  
Director of Policy, Budget and Operations  
[september@dcyf.org](mailto:september@dcyf.org)  
(415) 554-8959

Full report available at [www.dcyf.org](http://www.dcyf.org).





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

### Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
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Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, April 21, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 7, 2009  
*\*Minutes of the meeting of April 7, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)
- 6) FOR DISCUSSION AND POSSIBLE ACTION: FY 2009-10 BUDGET UPDATE & STATUS REPORT  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 7) FOR DISCUSSION: 3<sup>rd</sup> QUARTER FINANCIAL REPORT  
(Gregg Sass, Chief Financial Officer)  
*\*Report*



8) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

D) Reconvene in Open Session

- 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
- 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) **OTHER BUSINESS\*\*\***

10) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.





American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, April 21, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:05 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, Vice-President  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner Edward A. Chow, M.D. (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 7, 2009

Action Taken: The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) approved the minutes of the April 7, 2009 meeting.

#### 3) DIRECTOR'S REPORT

##### **NACo Hearing on U.S. Health Reform**

The National Association of Counties held a hearing in Sacramento April 16 to discuss health reform initiatives. This was the final of four hearings held around the country to help NACo

formulate policy recommendations and develop a national health reform platform. I was invited to speak on a panel about a potential model for health care reform - Healthy San Francisco. There was tremendous interest at the hearing from participants about adopting the HSF model in other counties around the United States.

### **Closure of Units K7**

Reducing the overall census of Laguna Honda Hospital & Rehabilitation Center is one of many actions necessary to prepare residents and staff for the move into new buildings next year. This past week LHH marked another milestone when it closed K7, part of the Chronic Care/High Support Program, by successfully relocating all of the residents to other units.

The process of resident relocation is carefully planned and relocating even one resident requires many steps before the final move. When closing an entire unit, the process of assessing patient care needs, evaluating the capacity of other units to accommodate them, providing all of the necessary clinical information to the new care team, and, finally, supporting/evaluating the resident's adjustment after the relocation, occurs 20 or more times and is completed over many months. Relocation to another unit with new staff and new resident community members can be stressful to residents and to their families, so including them in the process is an essential part of a successful move. Closing a unit also means the dislocation of staff who may have worked together as a team for years. Many thanks to Drs.' Lydia Lukian, and September Williams and Nursing Manager Kathleen Maxwell and Nursing Director Mercy Devasconcellos, whose efforts over the past several months have helped residents and staff cope with the challenges of new beginnings.

### **LHH Anticipates State Visit**

The state is expected to re-survey Laguna Honda by mid-June, not August 27 as previously expected. The reason for the earlier visit is that regulations require a re-survey within three months of a change in hospital administration. As usual, surveyors will focus on three key areas: quality of care, quality of life and safety. We anticipate that the good record and outcomes of the State's survey begun by John Kanaley and the LHH staff will continue and that the upcoming visit will result in one of which we will all take pride in reviewing.

### **New Investigator Award**

Anne Hughes, RN, PhD, Advanced Practice Nurse in Palliative Care at LHH received the Hospice and Palliative Nursing Association's (HPNA) *New Investigator Award* at the Annual Assembly of HPNA and the American Academy of Hospice and Palliative Care Medicine in Austin, Texas last month. Ms. Hughes, who is just beginning her career as a researcher, was recognized for the work she has done on the urban poor at the end of life. She has received other awards recognizing the importance of her research—the Oncology Nursing Society 2008 Excellence in Cancer Nursing Research and UCSF School of Nursing 2008 Distinguished Dissertation Award.

### **International Delegations Focus on New Laguna Honda Hospital & Rehabilitation Center**

Laguna Honda staff recently hosted a delegation of health care technology experts from the innovation research unit at the Institute of Technology in Helsinki, Finland. As the opening of the new facility nears, the hospital has begun to attract international attention for its integration of computerized health care management systems. Visits such as this one are a part of the hospital's strategic plan to become a world class center of excellence in long term care and rehabilitation.

### **Staff Distributes 72hours.org Brochures**

On Friday, March 27, staff from Community Programs distributed **72hours.org** brochures to nearly 7000 clients at 83 sites located throughout the City. Community Programs worked with the



Department of Emergency Management to help hard to reach and underserved populations become aware of the need to plan for personal emergency preparedness. Clients in every clinic, program and building within Community Programs had the opportunity to learn how to be prepared to survive on their own for 72 hours following a major disaster. I am especially proud of the efforts behind this outreach program because it showed how staff is resourceful and sensitive to our clients on a number of levels. There were group meetings and one-on-one instruction, depending on the clients' needs and their specific situation, such as individuals who live in our supportive housing sites. The brochures were available in five different languages. During the one-day blitz to impress upon clients the importance of personal preparedness, lots of good work by many dedicated staff demonstrated what an organized, focused group with a clear goal can accomplish.

This is the third time we have distributed the personal preparedness information to our clients. We will continue to participate in this exercise throughout the year. The next **72hours.org** brochure day is planned for mid-June. The information contained in the brochures is also available at [www.72hours.org](http://www.72hours.org).

### **Treasure Island Community Transportation Plan Published**

DPH and the San Francisco Bicycle Coalition (SFBC) have released the Community Based Transportation Plan for a Walkable and Bikeable Treasure Island. Supported by funding from Caltrans, the plan outlines numerous recommendations for transportation infrastructure and policies for the development of San Francisco's newest neighborhood. The plan was based on extensive outreach efforts over the past two years. The authors of the plan held community workshops, bike tours and conducted interviews with individuals and groups who have an interest in Treasure Island. The Treasure Island Community Transportation Plan will help ensure an active and healthy community and equitable access for residents, commuters and visitors on and to Treasure Island. To access the report, please visit SFBC website <http://www.sfbike.org/?treasureisland> or DPH's Program on Health, Equity and Sustainability's website at [http://www.sfphe.org/comm\\_ti\\_bicycle\\_ped.htm](http://www.sfphe.org/comm_ti_bicycle_ped.htm).

### **SFUSD Policy on School Meals**

Earlier this month the San Francisco Board of Education unanimously passed a resolution entitled: *Feeding Every Hungry Child in the San Francisco Unified School District*. This resolution was a result of many years of research, outreach, advocacy and pilots to improve school meals at SFUSD. DPH has been a partner in improving the school nutrition environment as a member of the SFUSD Nutrition Committee since its inception in 2002.

The school meal program at SFUSD is the largest public food service program in San Francisco serving over 31,000 meals daily, making it one of the most vital programs to address health inequities and improve the nutrition of San Francisco's most vulnerable children. Since the school meals program operates in 104 school sites, financial drains to the program are often a result of problems at school sites, and are not under the control of the SNS department. The resolution mandates that all school sites take specific steps to strengthen the school meal program, and affirms SFUSD commitment to addressing childhood hunger.

### **Commissioners Participate in National Public Health Week Event**

Many thanks to Commissioners Illig and Chow for participating in LHH's salute to Public Health Week on April 8<sup>th</sup>. Jill LeCount, Michael Mikolasek and Shannon C. Smith presented LHH's two-time award winning Culturally Effective Health Care Program Development project. Commissioner Illig dedicated the program to the memory of John Kanaley and honored John for his leadership of LHH's cultural competency program.



The program grew out of strategic planning goals for improving communication and evolved into an award winning model. The team believes the state and national awards for the program affirm that LHH is very much on the right track, yet are aware that much more needs to be done to achieve the vision of eliminating disparities. Commissioner Chow delivered closing remarks at the event, complimenting LHH on making significant progress and inspired participants to continue to support cultural competency initiatives, particularly during these troubled economic times.

**COMMUNITY HEALTH NETWORK  
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
APRIL 2009  
Health Commission - Director of Health Report  
(04/13/09 MEC)**

	<b>04/09</b>	<b>07/08 to 06/09</b>
<b>New Appointments</b>	<b>8</b>	<b>212</b>
Reinstatements		1
<b>Reappointments</b>	<b>44</b>	<b>366</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>24</b>	<b>194</b>
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>	<b>1</b>	<b>2</b>
<b>Changes in Privileges</b>		
Additions	2	57
Voluntary Relinquishments	1	30
Proctorship Completed	20	195
Proctorship Extension	0	0

<b>Current Statistics – as of 03/17/09</b>		
Active Staff	<b>496</b>	
Courtesy Staff	<b>591</b>	
Affiliate Professionals (non-physicians)	<b>249</b>	
<b>TOTAL MEMBERS</b>	<b>1336</b>	

<b>Applications In Process</b>	<b>15</b>
<b>Applications Withdrawn Month of March 2009</b>	<b>0</b>
<b>SFGH Reappointments in Process 05/2009 to 08/2009</b>	<b>217</b>

Dr. Katz added two announcements to the report that was previously sent to the Commission:

He announced his appointment of Mivac Hirose as Administrator of Laguna Honda Hospital (LHH). He noted that Ms. Hirose had immediately taken a leadership role at a very turbulent time when John Kanaley's sudden death was announced. He also noted that she has been a nurse since 1985, worked at LHH since 1999, and had been the Chief Operating Nurse since 2005. In addition, he noted that Mr. Kanaley had been grooming Ms. Hirose as a successor to him when he retired at a future date.

Secondly, Dr. Katz announced that Sue Currin went through Joint Commission Stroke Certification yesterday at SFGH and passed with flying colors.

Commissioner Comments/Requests for Follow-up:

Commissioner Illig congratulated Ms. Hirose on her appointment, and noted that as a Commissioner who sits on the LHH Joint Conference Committee, he was well aware of Ms. Hirose's leadership ability.

Commissioner Sanchez noted that in challenging times, the commitment and vision of leadership within the Department has continued to rise to the top. He added that two clinical leaders have risen to positions of running the Department's two largest institutions, which reflects well on the Department.

Commissioner Illig asked about the Board's budget principles and how DPH had input into those principles and how they will be implemented. Dr. Katz replied that on Saturday, Supervisor Avalos will hold an open house on the budget in District 11, which all Department heads have been asked to attend and present on their departments' budgets. Dr. Katz will be attending and invited any interested commissioner to attend with him.

4) **GENERAL PUBLIC COMMENT**

None.

5) **CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT**

Commissioner Sonia E. Melara reported on the actions of the Citywide Health Planning & Effectiveness Committee.

Commissioner Comments/Requests for Follow-up:

Commissioner Illig expressed his concern that in the California Pacific Medical Center (CPMC) Institutional Master Plan, all psychiatric beds will be eliminated and there will be significant cuts to skilled nursing beds.

Commissioner Melara expressed her concern that the St. Luke's rebuild is being tied to approval of the Cathedral Hill campus. Dr. Katz responded that the City has its own considerations on the need for acute hospital care apart from CPMC's consideration. He did explain that CPMC has been clear that Cathedral Hill is necessary to make St. Luke's financially viable.

## **6) FY 2009-10 BUDGET UPDATE & STATUS REPORT**

Gregg Sass, Chief Financial Officer, provided an update and status report on the FY 2009-10 DPH Budget. A copy of his presentation is attached and incorporated into these minutes.

### **Commissioner Comments/Requests for Follow-up**

Commissioner Tierney asked about the CBHS change. He also asked about the revenue loss. Barbara Garcia responded that she has been combing the budget for unmatched General Fund and found \$1 million in the Westside crisis contract.

Commissioner Illig asked about programs that don't bill Medi-Cal and whether they would be willing to do so. Ms. Garcia responded that she was unable to find an agency that was willing to take the financial risk that would be required under Medi-Cal.

Commissioner Illig asked about the cuts to methamphetamine treatment programs. Ms. Garcia responded that she has not cut all methamphetamine programs, but that there is duplication in methamphetamine treatment across the various Community Programs, so she was able to leverage additional savings and services by integrating methamphetamine services across programs within Community Programs.

Commissioner Illig asked about the changes to the nursing ratios at SFGH. Sue Currin responded that the State nursing ratio is higher than what existed in the MOU. She reported that she was able to renegotiate the MOU to be in line with the State ratio, resulting in cost savings.

**Action Taken:** The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) approved the resolution Approving Revisions to the Department of Public Health's FY 2009-2010 Base Budget.

## **7) 3<sup>rd</sup> QUARTER FINANCIAL REPORT**

Gregg Sass, Chief Financial Officer, provided the 3<sup>rd</sup> quarter financial report. A copy of his presentation is attached and incorporated into these minutes.

### **Commissioner Comments/Requests for Follow-up:**

Commissioner Illig asked about the underspending in Primary Care despite clinics being closed to new patients. Mr. Sass responded that this is primarily due to the federal Health Care Coverage Initiative of the Hospital Waiver, which was not budgeted, but is replacing General Fund, which was budgeted, and due to salary and fringe benefit savings. Dr. Katz responded that we don't want to close any clinics to new patients, but that personnel requisitions for Primary Care are being held, which has made it impossible to hire for positions in that section.

Commissioner Illig asked about budgeting of the surplus. Mr. Sass responded that much of the surplus is related to the increase in the Federal Medical Assistance Percentage (FMAP) payments



under the American Recover and Reinvestment Act (ARRA), which has provided more funding than he had originally anticipated.

Commissioner Sako commented about the flow of funds to private providers under Healthy San Francisco. Dr. Katz responded that funds are flowing to the Community Clinic Consortium, Chinese Health Plan and St. Mary's for primary care, and to North East Medical Services (NEMS) for specialty care, but not to any hospital for inpatient care. Commissioner Sako requested that in future presentations, it be made clear what funds are flowing out of the Department to other providers under Healthy San Francisco.

Commissioner Tierney asked whether funding under the LHH transition to the new building could be reported at the next Finance Committee. Mr. Sass responded in the affirmative.

## 8) CLOSED SESSION

### Public Comments on All Matters Pertaining to the Closed Session

None

### Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) voted to hold a closed session.

The Commission went into closed session at 5:15 p.m.

### Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

## **PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

### Reconvene in Open Session

Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

The Commission reconvened in open session at 6:30 p.m.

Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

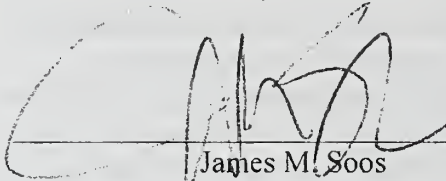
Action Taken: The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) voted not to disclose any discussions held in closed session.

## 9) OTHER BUSINESS

None

10) ADJOURNMENT

The Commission adjourned at 6:30 p.m.

  
\_\_\_\_\_  
James M. Soos  
Acting Health Commission Executive Secretary

Attachments (2)

## San Francisco Department of Public Health Budget Update FY 2009-2010

## Budget Process – Status

We had anticipated that we would be able to bring a final budget presentation to the Health Commission for this third budget hearing but are not able to do so at this time.

- The City-wide budget is not in balance
- Outcome of discussions with labor, and other initiatives under consideration may increase the projected deficit
- General Fund reduction targets may increase
- Department targets are secondary to and dependent upon the City's need to achieve a balanced budget

## Revisions

We are however taking this opportunity to clean up certain reduction initiatives that have been previously presented and approved

Description	April 21 General Fund	February 14 General Fund	Net Change
Continuation of Acute Psych Unit to a Non-Acute Unit	(1,423,677)	(1,310,456)	(113,221)
Consolidation of the oncology program	(632,503)	(700,000)	(67,497)
Expanding Sleep-Disordered Breathing Supportive Housing into Behavioral Health Contractor Reductions	(380,264)	(357,200)	(23,064)
Restoring Administrative Positions	(3,922,317)	(4,072,514)	1,500,197
Restoring Administrative Positions	(18,799)	(52,355)	33,556
Additional HR Positions Transferred to Cowi as MESA Activities	(2,667,333)	(1,371,223)	(1,296,110)
Total	(8,730,242)	(8,326,415)	(403,827)

## Summary

Assuming that the revisions above are accepted, the table below summarizes the status of our budget work at this time.

Total General Fund Reductions – February 14	\$60,733,276
Revisions	403,827
Total General Fund Reductions – April 21	60,390,201
General Fund Base Reduction Target	160,666,000
Difference	\$29,761,708

## Next Steps

A draft resolution approving the Base Budget submission is included for your consideration and approval.

We are continuing to work on additional initiatives and hope to bring a final presentation to the next scheduled meeting of the Health Commission.



Component	REVENUES			EXPENSES	TOTALS		
	Revenue Budget	Current Period Actual	Year-to-Date Actual		Revenue Budget	Current Period Actual	Year-to-Date Actual
<b>Total (Sum of All Sub-items)</b>	\$ 352,230,000	\$ 770,823,000	\$ 2,228,000	\$ 75,736,000	\$ 742,250,000	\$ 2,288,000	
Advertising	\$ 1,000,000	\$ 2,770,000	\$ 2,770,000	\$ 1,000,000	\$ 2,770,000	\$ 2,770,000	
Commercials	\$ 12,172,000	\$ 77,890,000	\$ 100,000	\$ 12,172,000	\$ 77,890,000	\$ 100,000	
Product Placement	\$ 3,871,000	\$ 1,889,000	\$ 0	\$ 3,871,000	\$ 2,280,000	\$ 0	
Newsletters	\$ 267,000	\$ 23,836,000	\$ 0	\$ 267,000	\$ 23,836,000	\$ 0	
Marketing	\$ 150,141,000	\$ 15,100,000	\$ 0	\$ 150,141,000	\$ 15,100,000	\$ 0	
Research & Analytics	\$ 7,907,000	\$ 7,939,000	\$ 3,000,000	\$ 7,907,000	\$ 7,939,000	\$ 3,000,000	
Publicity & Events	\$ 0	\$ 24,432,000	\$ 0	\$ 0	\$ 24,432,000	\$ 0	
<b>Subtotal</b>	\$ 1,859,141,000	\$ 7,652,332,000	\$ 33,830,000	\$ 1,859,141,000	\$ 7,652,332,000	\$ 33,830,000	

Projections include a revenue surplus of \$36.3 million and expenditure deficit of \$1.8 million for an overall surplus of \$34.5 million. Financial projections includes mid-year reductions of \$19 million, (including \$2M in additional revenues), and \$22 million in FMAP revenue increases that were effective October 1, 2008.

## Department of Public Health Preliminary Financial Results

**San Francisco General Hospital:** surplus of \$15.3 million

- Revenues are projected to be \$23.1 million more than budget. This consists of :
  - \$22.35 million favorable variance in net patient service revenue (\$17.65 million surplus in patient service revenue plus \$4.7 million surplus in the Safety Net Care Pool). Includes \$9.1 million in additional FICA revenues and \$5.7 million in prior year settlements
  - \$7 million favorable variance in capitation revenues
  - \$7 million shortfall in Revenue from the Health Care Coverage Initiative (HCCI that funds a portion of Healthy San Francisco program)
  - 160% loss of State Tobacco Tax revenues budgeted at \$1.121 million but cut from the State budget, and
  - \$2 million favorable variance in MAA FCM revenue
- The average daily census in the acute medical / surgical units through March of this year exceeds the budgeted census by 1.9%.
- Expenditures are projected to be in a budget by \$8 million due to unavoidable variances in Personal Services and Fringe Benefits. The unfavorable variance in our salary projections are partly a result of under-funding of structural costs. The final approved budget did not include \$3.8 million in requested funding for structural needs that occurred in 2007-08.

## Department of Public Health Preliminary Financial Results

**Laguna Honda Hospital:** Year-end projections show a \$4.1 million deficit.

- Revenues are projected to be \$2.7 million more than budget. This is the result of an increase in our SNF per diem payment rate for Medi-Cal partially offset by a reduction in Medi-Cal payments. Medi-Cal payments for skilled nursing services are subject to a 10% reduction from August to February and a 5% reduction for the balance of the year as approved in the State budget. However, the U.S. Court of Appeals recently granted an emergency request to stop these rate reductions effective April 9. If the court rules to overturn the entire reduction, which appears likely, we will see a \$4 million improvement in net revenues at Laguna Honda for the current year and a \$2 million improvement for 2009-10.
- Expenditures are projected to be \$6.9 million more than budget primarily due to unfavorable variances in Personnel Services. The unfavorable variance in our salary projections are partly a result of under-funding of structural costs. The final approved budget did not include \$2,336 million in requested funding for structural needs that occurred in 2007-08.

## Department of Public Health Preliminary Financial Results

**Primary Care:** Year-end projections show a surplus of \$6.5 million.

- Revenue is projected to \$4.1 million over budget. This is primarily due to inclusion of HCCI revenues that were not budgeted for primary care.
- Expenditures for Salaries and Fringe Benefits are projected to be \$2.4 million less than budget, based on a projection of our most recent year-to-date payroll.

**Health at Home:** Year-end projections show a surplus of \$0.6 million comprised of favorable variances in Salaries and Benefits and savings from mid-year reductions taken in August. In a first round of mid-year cuts taken in August, the Mayor reserved \$0.3 million in personnel expenditures which accounts for most of this variance. In addition, projections are reduced \$0.2 million for a mid-year cut to the medical high utilizer program.

**Jail Health Services:** Year-end projections show a surplus of \$0.3 million comprised of a \$0.7M favorable variances in ADAP reimbursements offset by a \$0.4M projected overpending in materials and supplies also associated with the cost of ADAP pharmaceuticals

## Department of Public Health Preliminary Financial Results

**Public Health:** We are projecting a \$5 million surplus in this division

- **Revenues are more than budget** by \$1.5 million comprised of a transfer in for HCC1, Healthy San Francisco revenue and improvements in MAA/TCM reimbursements offset by State budget cuts to CCS
- **Expenditures are projected to be \$3.5 million less than budgeted.** Salary and fringe benefits are projected to be \$0.7 million more than budget. Savings in Non-Personal Services reflects deferral of \$1.5 million in HUH scattered site housing costs to 2009/10. We are also projecting 2.8 million in savings from mid year cuts

Department of Public Health  
Preliminary Financial Results

### Mental Health:

- We are projecting an \$8.8 million surplus in Mental Health
- Revenues are projected to be \$4 million over budget. This is primarily due to additional Short-Doyle Medi-Cal revenue which includes an \$8 million FMAP increase offset by a \$3 million reduction based on results of prior audit settlements.
- Expenditures are projected to be \$4.8 million less than budget. Salary and fringe benefits are \$0.7 million over budget. Non-Personnel Services are \$0.2 million under budget reflecting savings for late start up of an adult diversion unit. We are also projecting \$5.3 million in savings from mid year cuts
- The unfavorable variance in salary projections is due to under-funding of structural costs. The final approved budget did not include \$2.8 million in requested funding for salary and fringe. The hiring freeze has caused a portion of this leaving a remaining unfavorable variance of \$0.7 million

**Substance Abuse:**

- Expenditures are projected to be \$2.1 million under budget related to savings from mid-year cuts

**Department of Public Health  
Preliminary Financial Results**

**Conclusion:**

The Department is projecting a large surplus, significantly resulting from the increase in FMAP flowing from the American Recovery and Reinvestment Act (ARRA), which also contributes to our General Fund reduction targets for next year.

While the Department is projecting an overall surplus of \$34.5 million, the two hospitals are projected to be overspent. This is, in part, related to structural issues that were not funded in the current year budget. The underfunding of expenses anticipated favorable revenue results which could support a supplemental appropriation. We are working with the Controller and Mayor's Budget Office on a non-general fund, revenue supplemental appropriation to address overspending.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, May 5, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 21, 2009  
*\*Minutes of the meeting of April 21, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION: 2009 H1N1 INFLUENZA UPDATE  
(Susan Fernyak, M.D., Director, Communicable Disease Control and Prevention)  
*\*Report*



- 7) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF A RESOLUTION HONORING CHINATOWN PUBLIC HEALTH CENTER ON 80 YEARS OF CONTINUOUS SERVICE AND ON THE 40<sup>TH</sup> ANNIVERSARY OF GROUND-BREAKING AT THEIR CURRENT SITE**  
(Lei-chun Fung, Health Educator, Chinatown Public Health Center)  
*\*Proposed Resolution*
- 8) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF A RESOLUTION RECOGNIZING JUNE AS REFUGEE AWARENESS MONTH IN SAN FRANCISCO**  
(Patricia Erwin, Program Director, Newcomers Health Program)  
*\*Proposed Resolution*
- 9) **FOR ACTION:** **APPROVAL OF FY 2009-2010 PATIENT RATES AND OTHER FEES**  
(Gregg Sass, Chief Financial Officer)  
*\*Patient Rates, Fee Legislation*
- 10) **FOR DISCUSSION AND PROPOSED ACTION:** **REVENUE SUPPLEMENTAL APPROPRIATION**  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 11) **FOR DISCUSSION:** **MENTAL HEALTH SERVICES ACT (PROPOSITION 63) UPDATE**  
(Bob Cabaj, M.D., Director, Community Behavioral Health Services)  
*\*Report*
- 12) **OTHER BUSINESS\*\*\***
- 13) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible

Health Commission Agenda

May 5, 2009

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station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

#### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

#### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

#### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
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## HEALTH COMMISSION

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, May 5, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:08 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia A. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner David J. Sanchez, Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner Margine A. Sako (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 21, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sanchez, Tierney, Waters) approved the minutes of the meeting of April 21, 2009.

#### 3) FOR DISCUSSION: DIRECTOR'S REPORT

##### 2009 H1N1 Flu

As the Commissioners know, the City and County of San Francisco had its first confirmed case of 2009 H1N1 Flu (previously referred to as swine flu) on April 30 in a child who had traveled

recently to Mexico. The Mayor hosted a press conference to make the announcement, which also gave Dr. Fernyak, Director of Communicable Disease Control & Prevention, and myself another opportunity to offer prevention messages and give the public a perspective about this strain of flu and how it is affecting individuals here in the U.S. who have acquired it. DPH activated our Department Operations Center last Monday, April 27 and on Wednesday, the City did a partial activation of the Citywide Emergency Operations Center. You have received in your packet a memo with a number of actions that have already been taken. Later in today's agenda, Dr. Fernyak and I will discuss the 2009 H1N1 Flu in more and greater detail and respond to your questions.

### **Primary Stroke Center Certification Review**

Linda Brown from the Joint Commission recently spent a full day on April 20<sup>th</sup> surveying the Designated Stroke Program at San Francisco General Hospital. She interviewed staff, reviewed medical records of stroke patients and studied the Quality Improvement Data. Ms. Brown left impressed by the program and stating that "San Francisco General Hospital Designated Stroke Program had no findings for this survey and no requirements for improvement." Furthermore, Ms. Brown acknowledged that it is unusual for a hospital to have a "perfect" survey and that it was a pleasure to review such an outstanding program

These surveys are only as successful as the Stroke Program team behind them. A special thanks Claude Hemphill MD, Christine Martin, Renee Allen, Ken Coehlo, and David Kutys. Congratulations to all.

### **Centralized Business Office Created for Community Programs**

I am pleased to announce that effective May 4, 2009, Michelle Long will become the *Director of Contract Development and Technical Assistance* for the new **Community Program's Centralized Business Office**. The Business Office will be responsible for centralization of all contract development functions such as solicitations and providing technical assistance for Community Programs' contractors.

Ms. Long has been the Director of HIV Health Services since 1998. Her expertise in the contracting functions and program management in HIV Health Services will serve her well in this important role.

Also effective May 4, 2009, Bill Blum will become the *Interim Director of HIV Health Services*. Mr. Blum has been the Assistant Director of HIV Health Services since November 2006. I am confident that Mr. Blum will provide excellent leadership and support in this transition.

### **Open House Planned for Hawkins Youth Clinic, May 13, 3-6 p.m.**

The Hawkins Youth Clinic is planning an Open House on Wednesday, May 13, 3-6 p.m. The Commissioners will be receiving invitations to this event soon. For the Commissioners who may not be familiar with the Hawkins Health Clinic, some background will provide context to this event.

Darryl Hawkins was a young man whose work as a social worker made an impact in Visitacion Valley. Mr. Hawkins died suddenly at a young age of a heart attack and to acknowledge him and his work, a satellite clinic operating out of the Silver Avenue Health Center, was named in his honor—**Hawkins Health Clinic**. In the winter of 2007, Hawkins Health Clinic became part of Community Health **Programs for Youth**, directed by Michael Baxter and Susan Obata, MD.

Hawkins Youth Clinic targets youth between 12 and 24 years of age and is currently open Tuesday and Wednesday afternoons, offering both reproductive and behavioral health services. Due to



significant access challenges for many youth in the Sunnydale neighborhood that it serves, the clinic is developing a unique approach to offering services by thinking of themselves as the clinic without walls. This means that neighborhood youth can also get services from Hawkins Youth Clinic staff through schools and other community agencies where they gather.

In the summer of 2008, Hawkins Youth Clinic was awarded a three-year grant from an anonymous funder to address two major issues that youth in the community face: post traumatic stress disorder and high incidence of sexually transmitted infections. Over the past six months this funding has allowed the clinic to hire two youth outreach staff from the community and a full time social worker. Due to this staffing increase the clinic has been able to build important relationships in Visitacion Valley with other community based organizations and community leaders and gain more understanding of the neighborhood.

The Open House on May 13<sup>th</sup> has been organized to re-introduce the Visitacion Valley community to the clinic and its expanded services. The clinic is reaching out to youth and their families, residents, community leaders and other Visitacion Valley supporters to celebrate with food, games, prizes and entertainment. Hawkins Youth Clinic encourages people to meet staff and tour the facility in order to gain a greater understanding of what the clinic offers and how the clinic can contribute to the work of others in the neighborhood. I hope the Commissioners will take some time in their schedules to stop by the Hawkins Youth Clinic on May 13<sup>th</sup> and meet the very dedicated staff and the grateful neighborhood residents who depend on its services.

#### **Palliative Care Highlighted on KQED Health Dialogues**

Rev. Will Hocker, Executive Director of Sojourn Chaplaincy at SFGH and Steve Pantilat, MD of UCSF's palliative care service were interviewed recently with for a segment of "Health Dialogues" show on KQED. Here is a link to the show that can be podcast.

<http://www.kqed.org/radio/programs/healthdialogues/about.jsp#carriage>

#### **Case Study Identifies Herbal Supplement as Critical to Lead Poisoning Source**

Ihsan DuJaili, Environmental Health Technician, is one of the authors on a Case Study recently published in *Nature Reviews Nephrology* by Suma Prakash *et. al.* (vol. 5, 297-300, May 2009). Ihsan assisted Vivek Bhalla, MD, from the Stanford University School of Medicine's Nephrology Division, in identifying a lead poisoning source for a patient who was being treated for Stage 3 chronic kidney disease. The paper's finding is that the patient's disease was probably worsened by consumption of lead in the form of an Ayurvedic herbal remedy, which Mr. DuJaili identified as a potential source and had analyzed by a laboratory.

#### **American Association of Architects Tour New LHH**

Dozens of architects from all over the country toured the new Laguna Honda buildings during the American Association of Architects annual convention in San Francisco last week. The interest in the Laguna Honda rebuild was due in part to its scale, its green building status and as an example of "evidence-based" design, a new movement in architecture that combines good design principles with what we know about what is best for people.

#### **John Kanaley Family Accepts Award**

The family of John Kanaley accepted an award on John's behalf at the annual meeting of the American Hospital Association (AHA) in Washington April 27. John was honored for his fundraising work for the political action committees of the AHA and the California Hospital Association. John's brother and sister attended the ceremony to receive the award.



### **ADA Ramp at LHH Signals Continued Progress**

Work has begun on an ADA (Americans with Disabilities Act) ramp from Woodside Avenue into Laguna Honda. The ramp is one of the final projects of the Laguna Honda Replacement Program, which entered its last year in April. Construction of the ramp is part of the department's strategic goal to encourage the highest level of independence for each Laguna Honda resident whether it be on the campus or in the community. A current ADA ramp provides access to the Forest Hill MUNI station. The new ramp will improve access to bus lines running along Woodside.

### **HeartBeat Wins National Award**

The Healthy San Francisco quarterly participant newsletter, *HeartBeat*, was recently honored with a Silver Award at the 26<sup>th</sup> Annual Healthcare Advertising Awards.

The Healthcare Advertising Awards is the oldest, largest and most widely respected healthcare advertising awards competition. The awards are sponsored by Healthcare Marketing Report, the leading publication covering all aspects of healthcare marketing. Awards are made to entrants whose programs and materials display exceptional quality, creativity and message effectiveness.

A national panel of judges reviewed over 3,600 entries in 28 categories, choosing the winners on creativity, quality, message effectiveness, consumer appeal, graphic design and overall impact.

### **SFGH CARE Patients Travel to Alcatraz**

Last Wednesday, over 75 SFGH cancer patients from our English, Spanish, and Chinese (Cancer Awareness Resource and Education) CARE groups enjoyed an excursion to Alcatraz. Although many of the patients have lived in the City all of their lives, it was the first trip for most. The outing was an opportunity for many of the patients who have been through the rigors of cancer treatment to meet each other and enjoy a day on the Bay together. Fun and the friendship of others can be the best tonic for many of our ills, and associating with others who have shared in the same experiences has its own therapeutic value beyond clinical medicine.

### **ShapeUp SF Receives Sponsorship Funding from Kaiser Permanente**

Kaiser Permanente San Francisco has once again extended generous support to ShapeUp San Francisco. Their \$35,000 sponsorship will enable ShapeUp SF to support the Walking Challenge, Soda Free Summer, city worksite wellness activities and the Stadium to Stadium Run.

As a result of its continued support, Kaiser Permanente has been named as a Gold Medal ShapeUp SF Sponsor. Organizations achieving this designation have demonstrated commitment to the mission of ShapeUp SF not only by providing substantial funding or in-kind support, but also by working side by side with the Coalition to create healthy eating and active living environments where people live, work, learn and play.

### **Sunday Streets May 10**

Mark your calendar for the second 2009 Sunday Streets, May 10<sup>th</sup> from 10 a.m. – 2 p.m. along the waterfront route in the City's southeast sector. This upcoming event will feature the 20<sup>th</sup> anniversary of the San Francisco Bay Trail. Volunteers are needed or just come out and play.

[www.sundaystreetssf.com/volunteer.html](http://www.sundaystreetssf.com/volunteer.html)

### **Conference on Child Safety Scheduled**

The Commissioners may wish to attend an upcoming conference on child safety entitled "Keeping Our Children Safe: Preventing Injuries to Children in San Francisco," on Friday, May 29<sup>th</sup>, from 9 a.m. to 12 noon at the Whitcomb Hotel in San Francisco. This conference will feature Phyllis

Agran, MD, from the Center for Trauma & Injury Prevention Research at UC Irvine, speaking on child development and its relationship to injuries. The conference will also include current resources in San Francisco for child injury prevention, and how the Child Unintentional Injury Prevention Program can be of assistance to other child-related programs. The conference is free, and continuing education for nurses, health educators, and social workers/counselors is also free. For more information, contact Isabel Auerbach, 575-5684.

In addition, Dr. Katz announced that the Department is undertaking three events in celebration of Nurse Week next week, including:

1. Gene O'Connell is speaking at Carr Auditorium tomorrow, May 6 at 4 pm, followed by a reception and an awards ceremony from 5-7
2. Also at SFGH on Thursday, May 7, at 2 p.m. RN Evidenced Based Fellows presentations
3. Following a luncheon at LHH on Monday, May 11, Catherine Waters is speaking on "Diplomacy, Democracy and Politics in Nursing and Health Care," also followed by a reception.

#### Commissioner Comments:

Commissioner Illig commended staff on the comprehensiveness of the Director's Report and how important it is to the Commission to understand the activities of the Department.

#### **4) GENERAL PUBLIC COMMENT**

Shakira De Abreu is an MFCC at Southeast Family Services, and spoke against the move of the clinic outside of the Mission district location. The location of the clinic is further out in the Mission than Silver Ave. Family Health Center. She is unaware of any other mental health services in the vicinity.

Lucia Hammond spoke about her concern about the relocation of Southeast Family Services clinic outside of the Excelsior district. She and her colleagues are concerned that the Excelsior is not well served by programs and many of the patients will lose services as a result.

Female speaker spoke on behalf of keeping Southeast Family Services at its present location. Many of the current clients will not follow the clinic to its new location as they have limited transportation. For many Latino clients, Silver Ave. Family Health Center is not necessarily their medical home, so they are unlikely to seek services.

#### **5) FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the actions of the Finance Committee

Action Taken: The Commission (Illig, Melara Chow, Sanchez, Tierney, Waters) approved the May 5, 2009 Consent Calendar of the Finance Committee.

#### **6) 2009 H1N1 INFLUENZA UPDATE**

Susan Fernyak, M.D., Director of Communicable Disease Control and Prevention (CDCP) provided an update on the status of the 2009 H1N1 influenza outbreak. Dr. Fernyak noted that the outbreak began about a week and a half ago with the first cases in the U.S. and reports of deaths in Mexico. She noted



that the initial reports out of Mexico were overstated and that disease in Mexico has been mild as it has been in the U.S.

She noted that the Department Operations Center (DOC) and the City's Emergency Operations Center (EOC) were activated last week. The DOC has since been scaled back and the EOC has been deactivated. She noted the importance of messaging, and how effective the Department's messages have been in allaying public fear. The City's 3-1-1 system has been used effectively and CDCP's website has been updated several times daily.

The one concerning thing is the possibility of genetic mutation of the virus with increased virulence. As a result the Department and others throughout the state have been engaging in surveillance to determine any changes in the outbreak. In addition, the City did receive Tamiflu through the Strategic National Stockpile. Finally, Mayor Newsom did declare a City Emergency in order to access federal funds and to access medications or supplies. Dr. Fernyak concluded by noting how good the response has been by City agencies.

#### Commissioner Comment/Requests for Follow-up:

Commissioner Sanchez thanked the Department for its rapid and exceptional response. He has called the Department with questions and has been able to respond to community concerns. He noted the need to continue to follow the outbreak, especially with the next flu season in the fall.

Commissioner Illig asked about the declaration of emergency and whether the City can get reimbursed. Dr. Katz noted that the declaration was made in case funds became available but it is not yet clear whether the federal government will reimburse localities. He also commended the Department in being effective in getting out correct information to counter fear.

Commissioner Illig asked about next steps if the outbreak had been worse. Dr. Fernyak responded that the Department has been exercising for a pandemic. Next steps would have been to close schools and social events, such as much of what was undertaken in Mexico to encourage social distancing.

Commissioner Chow thanked and commended the Department, and noted how private providers relied on the Department's messages to inform their constituents.

Commissioner Chow suggested that in the future that press events also be conducted in Cantonese. Dr. Katz noted that some of the events may have been conducted in Cantonese, but that because of the link to Mexico, many of the Spanish-language media outlets have been requesting information and participating in press events.

Commissioner Chow asked about the number of confirmed cases. Dr. Fernyak responded that there are four confirmed and two probable cases. He followed up by asking about ongoing effectiveness of Tamiflu. Dr. Fernyak responded that the CDC has been following this and that the sensitivity of the virus to Tamiflu continues.

Dr. Katz concluded by noting that last Saturday, one of the first Chronicle articles contained quotes from other health officers were more alarmist than information being put out by the Department. He noted that the lesson is to attempt to get a less alarmist message out, while still appealing to the press's need for news. He added that the SF Medical Society members appreciated the Department's communications, which helped to limit the flood of "worried well" appearing at hospitals. Finally, he noted the important lessons learned from responding to a real outbreak.



7) **PRESENTATION OF A RESOLUTION HONORING CHINATOWN PUBLIC HEALTH CENTER ON 80 YEARS OF CONTINUOUS SERVICE AND ON THE 40<sup>TH</sup> ANNIVERSARY OF GROUND-BREAKING AT THEIR CURRENT SITE**

Lei-chun Fung, Health Educator, Chinatown Public Health Center presented the resolution to the Commission.

Commissioner Comment/Requests for Follow-up:

Commissioner Chow congratulated the staff of the health center on its anniversary moved the resolution.

Action Taken: The Commission (Illig, Melara Chow, Sanchez, Tierney, Waters) approved the Resolution Honoring Chinatown Public Health Center on 80 Years of Continuous Service and on the 40<sup>th</sup> Anniversary of Ground-Breaking at their Current Site.

8) **PRESENTATION OF A RESOLUTION RECOGNIZING JUNE AS REFUGEE AWARENESS MONTH IN SAN FRANCISCO**

Patricia Erwin, Program Director, Newcomers Health Program presented the resolution to the Commission.

Commissioner Comment/Requests for Follow-up:

Commissioner Sanchez noted that the Refugee Clinic was established years ago at SFGH, and thanked staff of the Department in their work over the years with the refugee population.

Action Taken: The Commission (Illig, Melara Chow, Sanchez, Tierney, Waters) approved the Resolution Recognizing June as Refugee Awareness Month in San Francisco.

9) **APPROVAL OF FY 2009-2010 PATIENT RATES AND OTHER FEES**

Gregg Sass, Chief Financial Officer, presented the FY 2009-2010 patient rates and other fees. He noted that overall, the rates are rising by roughly ten percent.

Commissioner Comment/Requests for Follow-up:

Commissioner Illig asked who pays these rates. Mr. Sass responded that very few people actually pay these rates. These are rates charged to insured patients who come into SFGH by and large through the Emergency Department or Trauma Center. Commissioner Illig followed up asking about agreements the Department may have with insurers. Mr. Sass responded that unlike private hospitals, SFGH does not have separate agreements with insurers, and that insurers are required to pay these charges.

Commissioner Illig asked about the cost to charge ratio at SFGH. Mr. Sass responded that the ratio for SFGH is approximately 50 percent, which is significantly lower than for private hospitals.

Action Taken: The Commission (Illig, Melara Chow, Sanchez, Tierney, Waters) approved the FY 2009-2010 patient rates and other fees.

## **10) REVENUE SUPPLEMENTAL APPROPRIATION**

Gregg Sass, Chief Financial Officer presented the revenue supplemental appropriation. A copy of his presentation is attached and incorporated into these minutes. Mr. Sass added that he had hoped to have the legislation available for the Commission, and has been working with the Mayor's Budget Office to draft that legislation.

### Commissioner Comment/Requests for Follow-up:

Commissioner Illig asked whether by approving this, the Department would be returning money to the City. Mr. Sass responded in the affirmative.

Action Taken: The Commission (Illig, Melara Chow, Sanchez, Tierney, Waters) approved the revenue supplemental appropriation.

## **11) MENTAL HEALTH SERVICES ACT (PROPOSITION 63) UPDATE**

Bob Cabaj, M.D., Director, Community Behavioral Health Services presented the Mental Health Services Act update. Alice Gleghorn, Ph.D., Deputy Director of Community Behavioral Health Services also presented. A copy of their presentation is attached and incorporated into these minutes.

### Public Comment:

Michelle Schulz, a member of Health and Welfare Action Advocates of the Mental Health Association spoke in opposition of use of MHSA funds to backfill staffing.

### Commissioner Comment/Requests for Follow-up:

Commissioner Illig asked about the last report on the MHSA. Dr. Cabaj responded that the Commission has not received a full report on the MHSA for approximately two years.

Commissioner Tierney congratulated CBHS staff in moving this work forward. He added his commendation to staff on developing and reporting outcome measures in the use of this funding. He asked about the prohibition on supplantation with this funding. Dr. Cabaj responded that CBHS has been careful to work with the State and other counties to develop a clear definition of supplantation. He noted that staff who would otherwise be laid off have been able to stay a board to do projects related to the MHSA. He's also worked with the State to release more of the funds available through Proposition 63.

Commissioner Chow asked about table three, with regard to housing outcomes. Dr. Gleghorn responded that the first box shows housing in the year prior, while the second box shows housing in the year after starting in the program.

Commissioner Illig asked about the lower share of funds that San Francisco received versus what was expected. Dr. Cabaj replied that the homeless population could not be counted in the formula for funding because the State considered the data to be unreliable. Secondly, a study from rural Texas was used to determine the number of serious mental illness, which was far below the number of clients being seen already in San Francisco's CBHS programs. The Department petitioned the State for

additional funds, but never received a response. In addition the State has been unwilling to revisit the funding formula. San Francisco was able to get additional administrative funding for one year.

Commissioner Illig asked about the funds sitting in the "prudent reserve." Dr. Cabaj responded that this is being used to cushion against decreased funding in bad economic years, when State allocations drop below a target percentage. San Francisco actually has less in its "prudent reserve" because the focus has been on developing services quickly rather than accruing reserve.

Commissioner Illig asked why the Health Commission was bypassed in the planning process. Dr. Cabaj noted that Health Commission approval is not in the legislation, and the planning process moved very quickly and was transparent.

Commissioner Sanchez noted that CBHS did come before the Commission in an expedited process. In addition, Commissioners were invited to participate in the planning group process. He noted the need to protect these programs in these bad economic times.

Commissioner Illig noted that the community-based agencies have also been important in the hiring of consumers. Dr. Cabaj concurred.

Commissioner Tierney asked about outreach to the LGBTQQ community. Dr. Gleghorn responded that they have funded CYC to work with A/PI families facing LGBTQQ issues.

## 12) OTHER BUSINESS

Commissioner Illig requested that scheduling agendas for the summer, including any summer vacation plans for Commissioners be forwarded to Mr. Soos for calendaring.

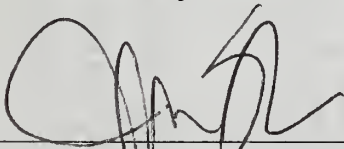
Commissioner Illig asked about the pleasure of the Commission in having a joint meeting with the Human Services Commission, the Long-Term Care Planning Council, and the Aging and Adult Services Commission.

Commissioner Illig asked for regular reports from the LHH and SFGH JCCs at the Health Commission meeting following each of the JCCs.

Commissioner Illig noted that it is time for the evaluation of Dr. Katz by the Health Commission. He has asked Dr. Katz to write a self-evaluation based on the objectives established by the Commission. Commissioner Illig stated that the Commission would request a closed session following receipt of Dr. Katz's self-evaluation.

## 13) ADJOURNMENT

The Commission adjourned at 6:00 pm.



James M. Soos

Acting Health Commission Executive Secretary

Attachments: (2)



# Department of Public Health

## Preliminary Financial Results

### Nine month Projection

Division	REVENUES			EXPENDITURES			TOTAL Surplus/ (Deficit)
	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	
Department of Public Health							
SFGH	\$ 756,336,000	\$ 779,622,000	\$ 23,286,000	\$ 756,336,000	\$ 764,334,000	\$ (7,998,000)	\$ 15,288,000
Laguna Honda	173,944,000	176,699,000	2,755,000	173,944,000	180,849,000	(6,905,000)	(4,150,000)
Primary Care	63,112,000	67,181,000	4,069,000	63,112,000	60,686,000	2,426,000	6,495,000
Health at Home	8,861,000	8,861,000	-	8,861,000	8,250,000	611,000	611,000
Jail Health	29,107,000	29,866,000	759,000	29,107,000	29,547,000	(440,000)	319,000
Public Health	134,928,000	136,441,000	1,513,000	134,928,000	131,400,000	3,528,000	5,041,000
Mental Health	267,446,000	271,400,000	3,954,000	267,446,000	262,633,000	4,813,000	8,767,000
Substance Abuse	75,742,000	75,742,000	-	75,742,000	73,625,000	2,117,000	2,117,000
TOTALDPH	\$ 1,509,476,000	\$ 1,545,812,000	\$ 36,336,000	\$ 1,509,476,000	\$ 1,511,323,983	\$ (1,848,000)	\$ 34,488,000

The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT), Transfer In and Project Related expenses.

Projections include a revenue surplus of \$36.3 million and expenditure deficit of \$1.8 million for an overall surplus of \$34.5 million. We are projected to be overspent at the two hospitals. Surplus revenues are available to fund a revenue supplemental.

## Mental Health Services Act

A Presentation to the Health  
Commission  
May 5, 2009

## What is MHSA?

- Voter initiative in 2004
- Levies 1% tax on incomes above \$1 million
- Expand and enhance mental health services to unserved and underserved
- Prohibits replacement of existing state and local funding for MH services with MHSA

## Five Principles of MHSA

- Wellness and Recovery Focused
- Consumer Participation & Family Involvement
- Community Collaboration
- Integrated Delivery System
- Cultural Competence

## MHSA Components

- Community Services and Supports
  - Full service partnerships
  - General System Development
  - MHSA Housing
- Workforce Development Education and Training — identify gaps in workforce, increase workforce cultural and linguistic capacities, educate consumers
- Prevention and Early Intervention — identify risks early on, prevent worsening of mental illness and promote positive outlook
- Capital Facilities and Information Technology- fund renovation of admin and service facilities, modernize information systems and provide access to health records to consumers/family members
- Innovation — apply new practices that will contribute to learning

## Continuing Stakeholders Process

- Each component has its own community planning meetings to develop a Three Year Plan
- 30 day public review and comment of the Three Year Plan
- Public Hearing of the Mental Health Board
- Resolution supporting the Three Year Plan by the Board of Supervisors

## Funding Allocations

FY 04-06	\$207,487						
FY 05-06		\$ 5,332,900					
FY 06-07		\$ 5,384,250					
FY 07-08		\$ 7,952,700	\$4,471,600	\$3,049,950	\$2,261,600	\$6,796,700	
FY 08-09		\$11,515,500			\$2,445,700		\$1,311,600
TOTAL	\$2,044,187	\$13,673,650	\$4,471,600	\$3,049,950	\$2,261,600	\$6,796,700	\$1,311,600

Grand Total - \$61,646,276

## Funds Received

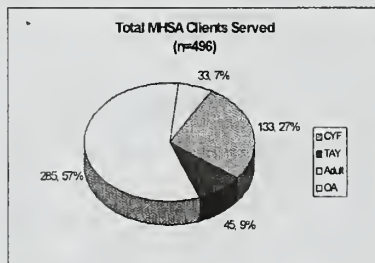
FY	FY 04-05	FY 05-06	FY 06-07	FY 07-08	FY 08-09	Total
Funds Received	\$70,487	\$ 3,372,900	\$ 3,049,126	\$ 7,805,700	\$ 11,572,500	\$ 27,800,713
Cost				\$ 271,600	\$ 475,200	\$ 746,800
Net						\$ 27,053,913

Cost = Total - \$ 746,800

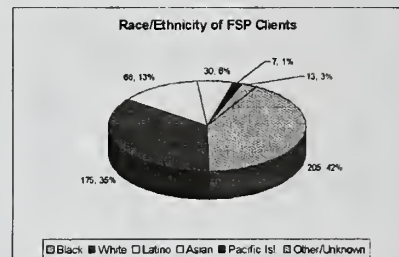
## CSS Implementation – Full Service Partnerships (FSP)

- 9 Full Service Partnerships serving children & families, transitional aged youth, adults, and older adults
- 496 Clients currently being served
  - Seriously mentally ill /serious emotional disorder
  - Homeless or at risk of homelessness
  - Children at risk of out of home placements
  - Children in foster care
  - Exiting foster care, institutionalized care, or criminal justice system
  - Dual or Multiple-Diagnoses
- \$15,574 average cost per client

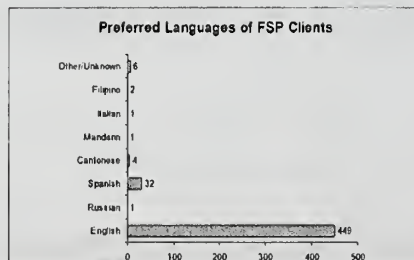
## Full Service Partnerships by Age Group



## Full Service Partnerships by Race/Ethnicity



## Full Service Partnerships by Preferred Language



## FSP Outcomes Across Programs

Transitional Aged Youth Housing Outcomes (n=48)

Housing	Year before FSP	Year since FSP	Change (days)	Change (percent)
Days homeless	1550	366	-1184	78% reduction
Days in jail, prison, or Juvenile Hall	1035	865	-170	16% reduction
Days hospitalized	896	457	-439	49% reduction



## [ FSP – Milestones of Recovery (MORS)

- Developed by David Pilon and colleagues at The Village in Long Beach
- Targeted at outcomes
- Very brief (1-item)
- Assesses clients' levels of:
  - Risk
  - Engagement
  - Skills and Supports

## [ General System Development (GSD)

- 11 Programs funded
  - reach the API, African American, Latino, and LGBTQ communities
  - provide behavioral health services in non-traditional settings
  - offer services to children youth and families affected by trauma and violence
  - develop community centers with very low thresholds for participation
  - encourage development of consumer-led centers and activities
  - assist consumers in obtaining and maintaining housing
  - enhance existing vocational rehabilitation activities
  - provide integrated assessments and referrals to behavioral health services
  - extend services to non Medi-Cal eligible clients who otherwise would not be able to access services

## [ Consumer Hiring

- Consumer Employment Manager
- Implementation Specialists – assist with CSS implementation
- System Navigators and Peer Family Intern Employees
- Pathways to Discovery staff – peer run wellness and community integration program

## [ MHSA Housing

- 990 Polk Senior Housing
  - Opened in November 2008
  - 10 clients moved in
  - \$1 million financing
- 365 Fulton
  - \$2.4 million for 12 units
  - Scheduled to open in 2011
- 220 Golden Gate
  - \$3.4 million for 17 units
  - Scheduled to open in 2011

## [ Workforce Development Education and Training

- 8 month community planning
- Plan submitted in March 2008
- Plan approved in September 2008
- RFP pending release

## [ Prevention and Early Intervention

- 6 month community planning process
- Dual approval by DMH and OAC
- Plan submitted in February 2009
- Plan approved April 24, 2009
- RFP pending release

## [ Capital Facilities and Information Technology

- Capital Facilities
  - 3 community meetings
  - Plan submitted in April 2009
  - First project proposal – renovate Silver Avenue Family Health Center
- Information Technology
  - 2 informational meetings
  - 6 community planning meetings
  - Project prioritization currently underway

## [ Innovation

- 4 community planning meetings currently ongoing
- Mini proposals will be considered
- MHSA Advisory Committee will review all mini proposals and recommend projects for inclusion in Plan

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, May 19, 2009

At

2:00 p.m.+

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

GOVERNMENT  
DOCUMENTS DEPT

JUL 25 2011

+PLEASE NOTE THE EARLIER START TIME FOR THE MEETING

SAN FRANCISCO  
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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 5, 2009  
*\*Minutes of the meeting of May 5, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION: SFGH JOINT CONFERENCE COMMITTEE REPORT  
(Commissioner Edward A. Chow, M.D.)
- 6) FOR DISCUSSION: ST. LUKE'S HOSPITAL BLUE RIBBON PANEL REPORT  
(Bishop Marc Andrus, Blue Ribbon Panel Vice-Chair)  
*\*Report*





- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **CONSIDERATION OF THE CALIFORNIA PACIFIC MEDICAL CENTER INSTITUTIONAL MASTER PLAN**  
(Warren Browner, M.D., CEO, CPMC, Summary of the CPMC Institutional Master Plan  
Alicia Neumann, Senior Health Program Planner, Process for DPH Review of CPMC Institutional Master Plan  
Chuck Salvo, Principal, The Lewin Group, Preliminary Findings from the Review of the CPMC Institutional Master Plan)  
*\*Report*
- 8) **FOR DISCUSSION AND PROPOSED ACTION:** **FY 2009-10 DPH CONTINGENCY BUDGET**  
**TIME CERTAIN** (Gregg Sass, Chief Financial Officer)  
**4:00 P.M.** *\*Proposed Budget and Possible Action*
- 9) **OTHER BUSINESS\*\*\***
- 10) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

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American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the





Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

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#### **San Francisco Lobbyist Ordinance**

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**[www.sfgov.org/ethics](http://www.sfgov.org/ethics)**.

#### **Know Your Rights Under the Sunshine Ordinance**

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For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

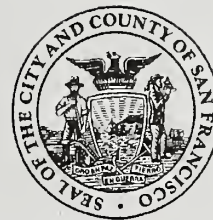
Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, May 19, 2009

At

2:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 2:08 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia A. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Ph.D. (*Commissioner Sanchez  
was not there for roll call, but arrived at 3:30pm*)

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2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 5, 2009**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Tierney, Waters) approved the minutes of the meeting of May 5, 2009 with no modifications.

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**

**Health Care for the 21<sup>st</sup> Century: America's Agenda Health Care Education Fund**

As one of the organized efforts to respond to President Obama's challenge to overhaul American's healthcare system, I had the honor of participating in a May 6<sup>th</sup> "Summit Conversation" sponsored by American's Agenda Healthcare Education Fund at the Mission Bay Conference Center. Dr. Stephen L. Hauser, chair of the UCSF Department of Neurology who has won national awards in recognition of his two decades of pioneering research on MS, served as host. Bill Press, Emmy-winning political commentator, moderated the panel discussion. Others on the panel included the Honorable Richard Gephardt, former Majority Leader of the US House of Representatives and Kim Belshe, Secretary of California Health and Human Services Agency.

People were very interested in the lessons of Healthy San Francisco and how it informs the national health care debate. The Summit also featured discussions of the major drivers of health cost growth and addressed policy areas such as disease prevention, management of chronic diseases, health information technology, patient and provider incentives and modernizing the American healthcare system. Highlights of this Summit and three previous Summits may be viewed at [www.summitconversations.org](http://www.summitconversations.org).

**Avon Center Celebrates Fifth Anniversary Event at San Francisco General Hospital and Trauma Center**

The Avon Comprehensive Breast Center at San Francisco General Hospital and Trauma Center celebrated its fifth anniversary with an all-day series of events that combined clinical research, advocacy, action and celebrity. Academy Award winner Reese Witherspoon visited the Avon Center, met with breast cancer survivors, rallied Avon walk-a-thon participants and cut the anniversary cake during the May 11 festivities. The day's events, sponsored by the Avon Foundation for Women with the help of the San Francisco General Hospital Foundation and SFGH, featured a program about achievements in breast cancer treatment, care and advocacy.

SFGH CEO Sue Currin welcomed the crowd of 150 supporters, and Carol Kurzig, President of the Avon Foundation for Women acted as mistress of ceremonies. SFGH's own Dr. Judy Luce spoke about strides that the hospital has made in expanding access to breast cancer screenings, treatment and research to underserved women. UCSF's Thea Tlsty highlighted new research that will make it possible to predict the severity and likelihood of recurrence of breast cancer in patients. Dr. Susan Love encouraged everyone to sign up for the Love/Avon Army of Women who volunteer to participate in

breast cancer research. Other speakers told about the service and advocacy efforts of Project Open Hand and Zero Breast Cancer.

Later that afternoon some 200 participants in the Avon Walk for Breast Cancer San Francisco gathered on the campus lawn to kick off a training walk in preparation for the July walk-a-thon. Reese Witherspoon took the stage again to congratulate and motivate the crowd to do everything they could to help win the fight against breast cancer.

### **Nurse Week Observed**

Congratulations to all of the men and women at DPH whose valuable work as "Nurses" was acknowledged and celebrated throughout the Department during Nurse Week. The observances began on May 6th at SFGH when Gene O'Connell, former CEO of SFGH, addressed an overflowing Carr Auditorium, followed by a reception and an awards ceremony. A reception concluded the afternoon event. Also at SFGH on May 7th, RN Evidenced Based Fellows presentations were featured.

The following nurses were recognized and honored for their outstanding work at SFGH Nurses Week Celebration on May 6th:

#### **DAISY Award for Extraordinary Nurse**

- Monnie Efross, RN, Unit 6C, Birth Center
- Susan Orosz, RN, Emergency Department
- 

#### **O'Connell Society Award for Advancing the Profession of Nursing**

- Christine Martin, RN. MS. CNS, Neurological Trauma
- Carlos Salazar, RN, Nurse Manager, Tom Waddell Clinic
- 

#### **SFGH Friend of Nursing Award**

- Gene Marie O'Connell, former CEO, SFGH

#### **Mildred Crear Award**

- Miranda Loo-Narahara, RN, Public Health Nurse

Following a luncheon at LHH on May 11, Health Commissioner Catherine Waters addressed the Nurses on "Diplomacy, Democracy and Politics in Nursing and Health Care." A reception also followed Commissioner Waters' address to the Nurses. Safety Net Institute Telemedicine Resource Guide The California HealthCare Safety Net Institute (SNI) recently compiled a Telemedicine Resource Guide to help safety net patients get better access to specialty care. SFGH took part in this compilation. Now the guide is being distributed by SNI and the California Primary Care Association (CPCA) to their members in the hope that it will save community health centers and public hospitals time they would otherwise spend developing their own telemedicine services for increasing access to specialty care. A link to the guide is found at <http://www.safetynetinstitute.org/content/upload/AssetMgmt/Site/Telemedicineresourceguide.pdf>

*Here is the SFGH excerpt from the Guide:*

San Francisco General Hospital

A unique example of an emerging telemedicine program that will serve urban patients exclusively is the University of California at San Francisco's partnership with the San Francisco Department of Public Health (DPH) on multiple telemedicine Initiatives to improve patient health by providing easier access to specialty care and health education information.

The initiatives are funded by Proposition 1D dollars. The DPH Clinical telemedicine Program is comprised of San Francisco General Hospital (SFGH), DPH Community Outpatient Clinics (COPC) and the member clinics of the San Francisco Community Clinic Consortium. The telemedicine programs do and will complement in - person clinical services by operating as an electronic version of the current specialty provider system. SFGH will be the Hub serving the multiple Spoke sites – SFGH primary care clinics, COPCs and Community Health Centers.

In summary, the initiatives are:

1) Diabetic Retinopathy Screening program. SFGH Ophthalmologists will read images submitted by primary care providers at SFGH/COPC/SF Consortium Clinics using web - based software. Funds will cover the installation of equipment at 6 sites. SFGH anticipates that sending digital images can save time and ensure that diabetic patients receive their annual retinopathy screening by including it as part of their primary care provider visit rather than needing to book a separate and lengthy appointment with ophthalmology.

2) SFGH provides telemedicine services via their eReferral product. eReferral is a HIPAA - compliant web - based referral system on a secure Department of Public Health Server. All referrals from PCPs to specialists are submitted via eReferral. The eReferral program is interfaced with all clinical data via the Invision "Lifelong Clinical Record." Referrals are reviewed individually by specialist providers which allows for iterative communication between PCP and specialist. PCPs also use eReferral to obtain consults from specialist providers on individual cases independent of submitting a referral.

3) SFGH has envisioned the creation of a UCSF/SFGH/DPH "Telemedicine Call Center" using as the model the existing infrastructure built for their Videoconference Medical Interpretation (VMI) Call Center that serves large portions of the ambulatory care venues at SFGH. VMI has been a successful example of the relatively smooth integration of real-time video technology into high - volume clinics and provider adoption has been fairly rapid and universal. VMI has realized widespread provider acceptance by keeping the "adoption threshold" extremely low. The telemedicine call center will have similar operational support available to ensure that providers can easily use the system. The call center will be piloted with one or two clinics but, if successful, will be deployed to multiple sites including 15 SF community - based clinics linked to UCSF and 12 SFGH Specialty Sites via the Call Center.



4) Currently, the SF Department of Public Health and UCSF are operating a Pilot telemedicine Program providing HIV specialty visits including medical consult, pharmacology, nutritional guidance and case management via remote audio/video connection from the UCSF Parnassus Campus. Medical providers and staff at Haight - Ashbury Free Clinic, Maxine Hall Health Center, South of Market Health Center and the Black Coalition on AIDS community center on are able to consult directly using real - time live video with experts in HIV care at the UCSF Parnassus Campus.

#### **Healthy SF Awarded Two New Grants**

In April 2009, the Commonwealth Fund awarded \$50,000 to the Department for the Healthy San Francisco program and an anonymous source awarded \$200,000 to the program. Both grants will help support a comprehensive evaluation of Healthy SF. The Department is very appreciative of the generous support provided by these awards.

#### **Flu Home Care Guide Available on Line in Three Languages**

The recent 2009 H1N1 Flu experience produced a number of good outcomes. Among those is the "Flu Home Care Guide" in English, Spanish, and Chinese posted on our website. It is relevant for seasonal and 2009 H1N1 Flu. Thanks to the Communicable Disease Control & Prevention section for fast forwarding this handy booklet onto the web. To access the Guide, go to <http://www.sfcdcp.org/H1N1ill.html>

#### **Asthma Task Force Honors DPH Staff**

Three DPH staff members who did extensive research on the health effects of air pollution, noise and traffic in the Excelsior district were among those honored by the Asthma Task Force for World Asthma Day recently. People Organizing to Demand Environmental & Economic Rights (PODER) and community members in the Excelsior neighborhood collaborated with Tom Rivard, Megan Wier and Jennifer McLaughlin of Environmental Health to assess the health impacts on residents from air pollution, noise exposures, and pedestrian hazards caused by traffic in this neighborhood. Using key research findings, PODER youth and adult leaders were joined by other allies such as the Chinese Progressive Association, who lobbied the San Francisco Board of Supervisors to adopt Resolution No. 081397, urging the SFMTA and SFDPH to consider health and environmental justice in transportation policymaking.

Public health research has consistently shown that pollution from motor vehicles imposes severe health burdens on children and families living in close proximity to freeways and busy roadways, resulting in poorer lung function and greater susceptibility to develop asthma and other respiratory problems. Further information regarding this community based research can be found in Race, Poverty and the Environment <http://www.urbanhabitat.org/node/2814> and the American Journal of Public Health (in press).

Other Asthma Task Force honorees included those advocating for healthy housing in publicly-subsidized housing and those providing outreach and education to residents, municipal and school district employees to switch to less-toxic cleaning products and pest control methods.

### **Health Educators Present at New Orleans Conference**

Several staff from the Community Health Promotion and Health Education Sections presented at the annual Society of Public Health Educators' (SOPHE) mid-year scientific conference in New Orleans during the first week in May.

Melinda Martin and Ginger Smyly presented a poster on the use of internet technology to monitor an alcohol problem abatement ordinance. Their health-educator counterparts were impressed by the use of Google Maps and Google Earth to view and "rate" storefronts prior to site visits, and, with the use of GIS mapping, to show the inequitable distribution of off-sale alcohol outlets within neighborhoods. Jeff Burton from MIS made the maps available.

Gene Ramos, consultant/trainer, Buffy Bunting and Ginger Smyly showed how an anti-racism workshop was developed and "taken to scale" in the San Francisco Department of Public Health. Those attending the presentation found the brief interactive presentation on defining race a compelling way of looking at racism and one that is worthy of serious and further consideration. Registration is still open for the upcoming workshop on Race & Racism, June 12 presented through the Health Education Training Center.

### **Shape Up SF News**

Shape Up continues to expand its reach into all areas of the City. Shape Up BVHP Garden Day on May 16th brought families from Bret Harte Elementary School out to see the fruits of the students' work in the garden this past year. This gardening event was introduced to the Health Commission last May when we kicked it off as the first of its kind in the City. Gardening has become very popular among the students and is attracting the attention of family members as well. This is a good year to consider planting and growing some of your own edibles, even in small spaces and containers.

The Robert Wood Johnson Foundation recently honored Mayor Newsom for his work on childhood obesity prevention, citing specifically the work of Shape UP San Francisco, which is staffed by DPH and DCYF. This is the first year RWJF has honored elected officials. Finally, for those of you who engage in such distractions, follow Shape Up by becoming a Shape Up fan on Facebook and twitter too, <http://twitter.com/shapeupsf>.

### **San Francisco Injury Center 20th Anniversary Celebration**

The San Francisco Injury Center is celebrating 20 years of excellence in injury research and prevention on Wednesday, May 27th, 3-5 p.m. Please join Peggy Knudson, MD, Principal Investigator, Rochelle Dicker, MD, Center Director, Mitchell Cohen, MD, Director of Acute Care and the Injury Center staff as they highlight two decades of saving and improving the lives of injured patients locally and globally. The Center is located at San Francisco General Hospital, Bldg 1, 4th floor. For more information, contact Peg Skaj, [pskaj@sfghsurg.ucsf.edu](mailto:pskaj@sfghsurg.ucsf.edu) or 206-3350 or visit the website at <http://sfic.surgery.ucsf.edu>.



Commissioner Comments:

No comments.

**4) GENERAL PUBLIC COMMENT**

Douglas Yep spoke out regarding his concerns about inappropriate personal use of computers by staff at San Francisco General Hospital.

**5) SFGH JOINT CONFERENCE COMMITTEE REPORT**

Commissioner Chow reported that the SFGH Conference Committee had done an extensive review, at the behest of the full Commission, of the additional contracts beyond the large affiliation contract between SFGH and UCSF. They found that the lowest cost for these services are through UCSF, as they are not charging for overhead or other costs – just the cost of the actual services. The Commissioners (Chow, Waters and Sanchez) were satisfied that the proper due diligence had been done and that these contracts are favorable to the City.

Commissioner Comments:

No comments.

**6) ST. LUKE'S HOSPITAL BLUE RIBBON PANEL REPORT**

Commissioner Illig called agenda items 6 and 7 together. He noted that this is the first hearing of the Health Commission to discuss the California Pacific Medical Center Institutional Master Plan (CPMC IMP), but will not be the last. The Commissioners will meet again on June 16<sup>th</sup> to further discuss the plan. Today's purpose is to hear the speakers' reports, with some background of the St. Luke's Hospital Blue Ribbon Panel report and the findings of the CPMC IMP. The Commissioners are also looking to get early and meaningful public comments.

Commissioner Illig introduced the first speaker, Bishop Marc Andrus, Blue Ribbon Panel (BRP) Vice-Chair. He presented a short summary of the St. Luke's Blue Ribbon Panel Report because the full report was already presented to the Health Commission in October 2008. The charge to the BRP was to "create a viable plan for acute care hospital and outpatient services at CPMC's St. Luke's Campus which compliments and is supported by CPMC's current institutional plan for its San Francisco campus and meets the healthcare needs of the community served." Bishop Andrus went through the BRP's 11 recommendations.

Commissioner Comment/Requests for Follow-up:

Commissioner Illig asked Bishop Andrus if he is currently a member CPMC Board and he replied in the affirmative.

Commissioner Illig asked Bishop Andrus if he had worked on the issue of the provision of beds for inpatient adult psychiatric beds. Bishop Andrus noted that the BRP members agreed that this issue requires a broader discussion among all health care providers in San Francisco. Commissioner Illig pointed out that the issue of the provision of beds for inpatient psychiatric patients is not addressed in the CPMC IMP, as noted in the Lewin report. Bishop Andrus replied that the Lewin report was incorrect in this regard, and CPMC has filed a correction.



7) **CONSIDERATION OF THE CALIFORNIA PACIFIC MEDICAL CENTER  
INSTITUTIONAL MASTER PLAN**

Warren Browner, MD, CEO, CPMC, presented the summary of the CPMC IMP. Dr. Browner spoke about the new citywide plans for CPMC. He shared the statistics of the care provided by CPMC throughout the city, including the fact that they provide 35-40% of health care in San Francisco; deliver more than 50% of the babies, etc. They are moving away from their reputation as a hospital for the rich, as this is not true anymore.

Alicia Neumann, Senior Health Program Planner with the SF Department of Public Health (DPH), presented on the process for DPH's review of CPMC IMP. She noted that DPH is half-way through the legislatively mandated process of review for the IMP and is working with the Lewin Group on this project. The goal is to focus on service delivery using qualitative and quantitative data; and to focus on quality, clinician education, and the St. Luke's BRP recommendations.

Chuck Salvo, Principal, The Lewin Group, presented on the preliminary findings from the review of the CPMC IMP. He noted that they are only at the half-way point, and have much more to do in the remaining ninety days. Regarding psychiatric beds, Lewin got their information through OSHPD data, but as noted by Bishop Andrus, CPMC has gone on record to say that the decrease to 18 beds is incorrect. One of the biggest concerns is the reduction in Skilled Nursing Facility (SNF) beds. This was seen as the biggest sticking point from Lewin's perspective.

Commissioner Comment/Requests for Follow-up:

Commissioner Waters asked Mr. Salvo if the Commissioners should be confident of the findings in this preliminary Lewin report. Mr. Salvo replied that they should be fairly confident. There are some details that need to be fixed (e.g., dates), but that most of the information presented in the report, though qualitative, is strong.

Commissioner Tierney asked if the Pediatrics entry on page 9 is referring to inpatient beds or outpatient services. Mr. Salvo noted the following regarding CMPC pediatric services: outpatient services will remain at St. Luke's existing clinic, inpatient care will be moved to the new Cathedral Hill hospital.

Commissioner Illig shared his appreciation for the presentations. He said that he would like to know why CPMC spends so little on charity care services related to other hospitals. Commissioner Illig suggests that the health care analysis address this issue and Mr. Salvo agreed.

Commissioner Chow pointed out an error on page 28 of the Lewin report regarding a double asterisk that has the wrong message/placement. Mr. Salvo agreed to correct this error.

Commissioner Chow asked about what formula was used to justify the size of the new hospital campuses. Is this viewed in light of the number of beds needed throughout the city and not just in specific neighborhoods? He noted page 5 of the report and wondered if appropriate planning is being done overall. He asked if there is a competitive, instead of cooperative, approach that will lead CPMC to create more beds than is necessary. Mr. Salvo replied that it was not within Lewin's scope to relate Sutter/CPMC's strategy to the overall health care planning in San Francisco.

Commissioner Melara asked how the City would deal with the decline in SNF beds and how this will impact the care of elderly? She was looking at the interview guide and one of the things she requested

was to clarify the impact of the loss of psych and SNF beds. She hopes that people will understand that this is a major issue in the City.

Commissioner Sako referred to page 5 of the report and asked if it is possible, could they do this same analysis for outpatient services? Mr. Salvo said that he could work on ER capacity, but anything beyond this would likely be too nebulous. Commissioner Melara said that we have an opportunity to compare hospital to hospital as other IMPs are released.

Commissioner Chow noted that at the St. Luke's BRP, some outpatient trending was done. They can look back on that. Commissioner Chow also asked that there be recognition of the need for culturally competent care and suggests more of this in the report.

#### Public Comment

Samareh, CPMC, spoke in in favor of new facility at Cathedral Hill.

Liz Cong, CPMC, spoke in in favor of new facility at Cathedral Hill.

Mary Blanchard, CPMC, spoke in in favor of new facility at Cathedral Hill.

Carol Rich, CPMC, spoke in in favor of new facility at Cathedral Hill.

Paul Wermcr recommended a citywide health needs assessment.

Roma Guy introduced herself as a former Health Commissioner and noted that she served on Blue Ribbon Panel and supports all of their recommendations. As a resident of the Mission District, she supports the St. Luke's Hospital rebuild and hopes that she can continue to get her healthcare there.

Karen Garrison, Director of Senior Services at Bernal Heights Neighborhood Center, shared her concerned about post-acute SNF beds. (Ms. Garrison submitted a written copy of her testimony.)

Jason Fried, Coalition for Proper Public Health Planning, noted that there is a loss of beds citywide with CPMC's plan and suggests reducing Cathedral Hill by half and moving other beds South of Market. (Mr. Fried submitted a written summary of his testimony.)

Rachel Ebor; Coalition for Health Planning SF, Bernal Heights Neighborhood Center spoke against moving inpatient beds from St. Luke's due to concern for Mission District residents.

Marlayne Morgan, Cathedral Hill Neighbors Association, does not support rebuild all at Cathedral Hill. (Ms. Morgan submitted a written copy of her testimony.)

Dawn Trennert, Middle Polk Neighborhood Association, shared her opinion that the CPMC plan is unfair to the majority of San Francisco residents.

Linda Carter, St. Luke's Hospital, does not support fewer inpatient beds at St. Luke's hospital.

SuHail Hussain, Physicians Organizing Committee read a letter from Dr. Harrison, psychiatrist, which noted that the CPMC must address the City's psychiatric needs, not just Sutter's business needs.

Pierre Gasztowtt, Cathedral Hill Neighbors Association, expressed concerns about the CPMC IMP. Letter re: CPMC IMP.



Dr. Eugene Gaenslen, Ad Hoc MDs – CDC GHR, opposes CPMC IMP.

Cynthia McCoy, SFGH – PES, opposes the reduction to 18 psychiatric beds and read a letter from John Rouse, MD., opposes the CPMC IMP. (Dr. Rouse submitted written comments.)

Dr. Marvin Woodside, Physicians Organizing Committee, opposes the reduction to 18 psychiatric beds.

Dr. John Dorsey, shared thoughts on the National Guard in disaster plans for the hospital.

Nato Green, CA Nursing Association, asks the Commissioners to look at the plan as a way to move services to higher income people, away from lower income. He requests an agreement not to close SNF beds until equivalent beds are available.

John Golenski, Ed.D., Health Priorities Group (facilitator of the Blue Ribbon Panel), noted that Dr. Laura Norell had signed up to speak but had to leave to deliver a baby. He recommended that Lewin interview all BRP members.

Brenda Storey, Mission Neighborhood Health Center, supports the CPMC IMP.

Olivia Fe, Latina Breast Cancer Agency, member of CPMC Community Partners, spoke in favor of partnerships with CPMC and community partners.

Lory Wiviott, MD, Chief of Medicine at CPMC, noted that CPMC is committed to health care of all San Franciscans at all campuses, including St. Luke's.

Nadine Burke, MD, Medical Director, Bayview's CPMC Child Health Center, shared strong support of CPMC's IMP.

Anthony Wagner shared support of CPMC's IMP.

Rev. Carolyn Dyson, CPMC, African-American Breast Health Program, spoke in support of CPMC's IMP and noted their commitment to eliminate health disparities.

Eden Lag, spoke in favor of CPMC's Sister to Sister program.

Patrick Monette-Shaw, written testimony submitted via e-mail for inclusion in the minutes:

Please oppose plans to cut either CPMC's, or LHH's, skilled nursing beds. Mayor Newsom's Deputy Chief of Staff for Health and Human Services, Catherine Dodd, stated during the Mayor's Long-Term Care Coordinating Council's May 14 meeting that since SEIU members had rejected a contract deal, there was nothing preventing Mayor Newsom from cutting more beds at Laguna Honda Hospital, which has already lost 420 beds. Although Dodd didn't specify any number of beds being considered for closure, or when they might be closed, her message there might be a link between SEIU's contract rejection and Laguna Honda's number of beds was unmistakable. She didn't even mention the impact on patients. Dodd made her assertion before the co-chairs of the LTCCC, LTCCC members, San Francisco's Long-Term Care Ombudsman, and members of the public. San Francisco has already lost 930 skilled nursing beds. My enclosed report describes San Francisco's rapidly aging demographics. (On file in the Health Commission Office.)



President Illig called for an end to public testimony for the 4:00pm Time Certain.

**8) FY 2009-10 DPH CONTINGENCY BUDGET**

This item was Time Certain at 4pm, and Dr. Katz started the budget presentation at 4:05pm. He explained that on May 14, members of SEIU 1021 rejected a Tentative Agreement to amend their MOU with the City and accept reductions in compensation. Therefore, DPH has been asked to find additional \$23 million in savings to address the City's budget gap. DPH has identified the cuts, but cannot present them today, as it would alert people about losing their job prior to the people hearing directly from their supervisors. The Mayor has only until June 1 to submit a balanced budget.

Gregg Sass, DPH Chief Financial Officer, presented a report on the budget. A copy of his presentation is attached to these minutes.

Commissioner Comment/Requests for Follow-up:

Commissioner Tierney noted a typographical error on spreadsheet included in the Commissioners' handout, on page 13, item F25 is listed mistakenly under the HIV division when it's an emergency services program.

Commissioner Tierney also mentioned that he was in Washington D.C. recently and there was some question as to whether San Francisco is keeping up with applications that are available for HIV/AIDS funding. He asked is there is a person at DPH who applies for all grants and keeps track of what is applied for. Dr. Katz noted that grants are coordinated through Anne Kronenberg's staff in the Office of Policy & Planning.

Commissioner Melara asked what the impact of today's vote on the state budget propositions will be. She has heard that they will all fail. Mr. Sass said that DPH would be most impacted by loss of funding for alcohol and drug related services, a \$2-3 million impact. The impact on propositions would vary.

Commissioner Illig acknowledged the good work done by the budget staff. He said that we are in a perfect storm of declining economic conditions.

Public Comment

Santina Hou, RAMS Hire-Ability, speaking in opposition of the funding cuts that will result in elimination of the RAMS Hire-Ability program.

Tonya Williams, Girls After School Academy, opposes cuts to this program.

Marshan Smith, HPPC, opposes cuts to the Girls After School Academy.

Paulesha Pulliam opposes cuts to the Girls After School Academy.

Lorna D. Jones, Community Vocational Services, asks DPH and the Commissioners to support negotiations with the Department of Rehabilitation to supplant the cuts to the vocational program.

Newlka Z. Rivera, is a mental health consumer who has been helped by Community Vocational Enterprises and asks the Commissioners to support the program.

Diana Hartman, shared an understanding that decisions are difficult, but that they have to think about what happens next regarding staffing throughout DPH.

Enrique Guzman, Mission Neighborhood Health Center, opposes the defunding of MNHC's HIV testing services.

Maritza Pcnagos, MNHC, opposes the defunding of MNHC's HIV testing services.

Richard Heasly, Conard House, opposes further cuts to Conard House.

Cynthia Tom, consumer, speaking in opposition of the funding cuts that will result in elimination of the RAMS Hire-Ability program.

Tat Ho Lau, consumer, speaking in opposition of the funding cuts that will result in elimination of the RAMS Hire-Ability program.

Zi Ping Lin, consumer, speaking in opposition of the funding cuts that will result in elimination of the RAMS Hire-Ability program.

Kavoos G. Bassiri, RAMS and Association of Mental Health Contractors, speaking in opposition of cuts to RAMS and other behavioral health services.

Mia Veroy, speaking in opposition of the funding cuts that will result in elimination of the RAMS Hire-Ability program.

Debbi Lerman, SF Human Services Network, opposes cuts to health and human services, which she notes are falling disproportionately. Recommends going back to SEIU for another vote.

Daniel Michael, RAMS Hire-Ability, opposes cutting the program.

James Keys, Mental Health Board, thanked DPH and the Commissioners for their hard work during difficult budget times, but opposes further cuts to behavioral health services.

David Sheel, Baker Places/Acceptance Place, opposes cuts to health and human services. Recommends asking of Kaiser and Sutter, who are thriving, to support non-profit organizations.

John Power, Director of the Volunteer Center. Thanks to Commission & staff to support these programs. Supporting Transitional Program.

Jacquie Jenks, Central City Hospitality House, opposing Tenderloin Self-Help Center cut.

Jenny Wiley, Central City Hospitality House, opposing Tenderloin Self-Help Center cut.

Wendy Phillips, Local Homeless Coordinating Board, opposing cuts to health & human services.

Jason Albertson, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

David Froula, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Michael Wright, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Moana Miglietta, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Patricia Walker, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Ian Johnson, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Amy Covell, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Terrence Billenstein, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Willie Settles, Tenderloin Self-Help, opposing closure of the Tenderloin Self-Help Center.

Robert B. Livingston, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Rex Resa, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Belle Starr, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Teresae Beckworth, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Lisa, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Jennifer Friedenbach, Coalition on Homelessness (Director), opposing cuts to mental health & substance abuse, specifically to the Tenderloin Self-Help Center and Caduceus.

Michael Ducall – Community member. Spoke out against Gavin Newsom and cuts to programs for health and human services.

Tony Ferrari, Hospitality House, opposing closure of the Tenderloin Self-Help Center.

Donald A., Hospitality House, opposing closure of the Tenderloin Self-Help Center and spoke in favor of Project Homeless Connect.

Porter Davis, Hospitality House, opposing closure of the Tenderloin Self-Help Center and asked Commissioners to reject cuts to community-based organizations.

Tiela “Teela” Chalmers, Volunteer Legal Services program (Director). She understands that the Homeless Advocates Project will now be put out for an RFP, but hopes that DPH understands the revenue enhancing part of their services, and hopes this will be taken into consideration. Opposes health and human services cuts to the City’s safety net.

Mary Kate Connor, Caduceus Outreach Services, speaking on behalf of all people getting services through DPH’s behavioral health system, particularly the Caduceus program which serves homeless clients. Opposes cuts to health and human services.

Clyde Conrad, opposing closure of the Tenderloin Self-Help Center.

(Written comment from 11 individuals opposing the closure of the RAMS Hire-Ability program was submitted to the Health Commission and is on file in the Commission Office.)



Commissioner Comment/Requests for Follow-up:

Commissioner Melara agreed with all that was said today, but some things she would like to echo and take a stand. She is concerned that not all people are working together during these times in a collaborative spirit.

Commissioner Illig said that policy makers need to hear the messages of suffering behind these cuts. He wants to revisit the Commission holding budget-related meetings at City Hall so they can be televised and more people can be accommodated. He is concerned that these cuts are decimating the system.

Commissioner Tierney recommends a no vote on the budget motion.

Commissioner Sanchez is listening, along with the other Commissioners, to the public's concerns. He is also concerned that world class programs, some that took 30-40 years to develop, are being cut. He is hesitant to vote on today's budget.

Commissioner Sako noted that avoiding a vote today prolongs the inevitable. The real fight is across the street at City Hall. She shared her anger about these massive cuts to behavioral health. She asked Dr. Katz about the Department of Rehab issues brought up by some speakers. He said that DPH was working on this and he agreed to keep Commission updated.

Commissioner Chow commended the Department on meeting targets from the Mayor's Office.

Commissioner Waters said that she wanted to vote in favor of the budget.

Action Taken: The Commission (Chow, Illig, Melara, Sako, Sanchez, Waters voting aye, Tierney voting no) approved the resolution Approving the Submission of the Department of Public Health's Budget for Fiscal Year 2009-10.


**9) OTHER BUSINESS**

Commissioner Illig noted that Gregg Sass will be on the next Health Commission meeting agenda to update on what the Mayor accepts and rejects from the DPH budget submission. The meeting will be on June 2, and the Mayor's budget will be released on June 1.

The June 16<sup>th</sup> meeting will begin at 2pm and the Commission will hear the final Lewin Report on the CMPC IMP. The meeting on this date was to be held at Laguna Honda Hospital (LHH), but instead the LHH annual meeting will be held on July 21.

**10) ADJOURNMENT**

The Commission adjourned at 6:44 pm.



Frances Culp

Acting Health Commission Executive Secretary

Attachments: (1)

James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, June 2, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 19, 2009  
*\*Minutes of the meeting of May 19, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION: FY 09-10 BUDGET SUBMISSION  
(Gregg Sass, Chief Financial Officer)
- 7) FOR DISCUSSION AND PROPOSED ACTION: RESOLUTION PROCLAIMING 2009 RETHINK YOUR DRINK/SODA -FREE SUMMER  
(Christina Goette, Senior Health Program Planner,  
Community Health Promotion & Prevention)  
*\*Resolution*





- 8) **FOR DISCUSSION AND PROPOSED ACTION:** **CITYWIDE AMBULANCE FEE ORDINANCE**  
(John Brown, M.D., Medical Director, EMS Agency)  
*\*Report & Ordinance*
- 9) **FOR DISCUSSION AND PROPOSED ACTION:** **CHAIN RESTAURANT SURCHARGE ORDINANCE**  
(Rajiv Bhatia, M.D., Director, Environmental Health Services)  
*\*Ordinance*
- 10) **FOR DISCUSSION:** **COMMUNITY STAKEHOLDER PLANNING PROCESS**  
(Barbara Garcia, Deputy Director of Health, Director of Community Programs)  
*\*Report*
- 11) **OTHER BUSINESS\*\*\***
- 12) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.



In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

#### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

#### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

#### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
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## HEALTH COMMISSION

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, June 2, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:13 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia A. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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The Commission honored Dr. Kenneth Katz, DPH Epidemic Intelligence Service Officer for his two years of service.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 19, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of minutes of the May 19, 2009 meeting without modification.

### 3) DIRECTOR'S REPORT

#### **500+ DPH Staff Receive Layoff Notices**

Over the past week, managers within DPH have had to issue lay off notices to over 500 employees. The effective date for these layoffs is July 27, 2009. The enormity of this task and the attendant impact on looming unemployment to these employees and their families is a significant concern to me as Director of Health, both personally and professionally. Along with the personal toll layoffs bring, we will be retooling offices, clinics and programs to adjust to the decrease in staff and the supporting services they delivered. This reduction is occurring across the Department, in every division and every facility.

As a result of the need to make deeper budget cuts, I have also authorized a skill mix change at the hospitals related to our Class 2302 Nursing Assistants. LHH and SFGH will retain Nursing Assistants for restorative care and education, and utilize Patient Care Assistants to perform routine duties under the direct supervision of licensed nurses.

Our HR staff and the City's Department of Human Resources are working through bumping and reassignment analysis as quickly as possible. The City is offering workshops and job transition services to employees who received layoff notices. There are also tentative agreements between the City and some unions, which, if ratified, may provide layoff protection through November. Internally, LHH and SFGH are hosting Town Hall meetings and our HR staff is communicating directly with managers and employees regarding any changes in an employee's layoff status.

The decision to implement skill mix changes and reduce Civil Service Classifications in no way reflects on the important work these individuals provide to the Department. I know it will be difficult to adjust to the changes that these employment shifts are creating. Unfortunately, while neither employees nor clients created this budget deficit, we are now in a position where we must reduce our spending and acknowledge that some work processes will have to be delayed, eliminated or absorbed by other staff.

I have a solid belief in the extraordinary talents and commitment of the type of individuals who choose to work in public health and know that we are being challenged in ways we have never imagined. Although we face a future of uncertainty and hardship, I also know we are up to the challenge. I will continue to update the Health Commission on the effects of downsizing staff and public health programs as they occur.

#### **State Surveyors Arrive at Laguna Honda Hospital**

At the Health Commission meeting on April 21, I informed the Commissioners that the State would re-survey Laguna Honda by mid-June, not August 27 as previously anticipated. The reason for the earlier visit is that regulations require a re-survey within three months of a change in hospital administration.

As expected, 15 surveyors from the California Department of Public Health arrived at Laguna Honda on May 26 for the annual licensing and certification review. The surveyors expect to be at the hospital until at least June 3. They are reviewing both skilled nursing and acute care services, focusing on the standard compliance categories: quality of life, quality of care and resident safety. Regina Gomez, Director of Quality Management, is leading the hospital's survey response team.



Survey results for Laguna Honda have been high for the last two years due in part to the hospital's quality compliance standards and coordinated survey preparation and response program. Surveyors will present preliminary results at the conclusion of their visit with formal notification to follow.

### **LHH Developing Nursing Leadership**

Two nurse leaders at Laguna Honda were honored this month by the hospital's Excellence in Nursing Program, a DPH initiative to support nursing innovation and collaboration.

Minerva Barrion, RN, was recognized for outstanding clinical skill in her work with residents recovering from stroke, spinal cord injury, traumatic brain injury, multiple fractures, and limb amputation. Girlie Bitanga, RN was honored for her work on the Positive Care unit, the Bay Area's only HIV/AIDS skilled nursing program, where she manages challenging behavioral issues related to substance use, mental illness, recent homelessness and cognitive impairments.

The Laguna Honda program honors nursing practices that help to achieve the highest quality of care and quality of life for each resident as well as encouraging the highest level of independence for each resident whether it be at Laguna Honda or in the community.

### **LHH Nurses Featured as Keynote Speakers**

Anne Hughes, a Laguna Honda advanced practice nurse in palliative care, and a national expert in healthcare and poverty, was the keynote speaker this month at the UCSF induction ceremony for members of the National Nursing Honor Society.

Debbie Tam, Laguna Honda's interim Chief Nursing Officer, delivered the keynote address this month to graduates of City College of San Francisco's continuing education in nursing program. The program is a partnership of City College, the Department of Public Health and Jewish Vocational Services. Clinical training for the graduates, many of whom are foreign born or multi-lingual re-entry students, takes place at Laguna Honda.

### **State Department of Corrections Awards Grant to Behavioral Health Services**

Community Behavioral Health Services (CBHS) has been awarded \$3.8 million from the California Department of Corrections and Rehabilitation (CDCR) Integrated Services for Mentally Ill Parolees project. CBHS will collaborate with Walden House on the program.

Both organizations have extensive experience both with serving the mentally ill and specifically with the mentally ill offender population. The program is designed to help parolees manage significant reentry challenges such as mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support and to avoid re-incarceration and improve their quality of life. The purpose of the program is to keep clients from re-incarceration and improve the quality of their lives.

### **Capital Facilities Component Plan Approved**

The Department of Mental Health approved the Capital Facilities Component Plan proposal. Separate from the Component Plan are individual project proposals, which outline the purpose and description of the project and the amount of funds requested. The first project proposal is the

renovation of the Silver Avenue Family Health Center that will add more space for integrating behavioral and primary care staff at this site.

### **MHSA Advisory Committee Recruiting New Members**

We are currently recruiting new members to sit on the Mental Health Services Act (MHSA) Advisory Committee. This is an excellent opportunity to work with others to transform programs and services under the MHSA. Kevin Ledbetter at [kevin.ledbetter@sfdph.org](mailto:kevin.ledbetter@sfdph.org), is accepting names from anyone interested in volunteering. The MHSA Advisory Committee meets bi-monthly from 3-5 pm, alternating between advisory meetings and community forums.

### **Highlights of 2008 Soda Free Summer**

The Health Commission will be hearing a presentation at today's meeting on Soda Free Summer along with a Resolution to consider declaring 2009 another Soda Free Summer in San Francisco. Because the Director's Report has a broader audience than just the Health Commission, I wanted to include a few highlights on the success of last year's Soda Free Summer to underscore what I think are important outcomes and why focusing attention on one aspect of our children's diets can make big differences in their short term and long term health status.

The 2008 Soda Free Summer Campaign message last year reached at least 100,000 Bay Area residents with 5,000 of them returning pledge cards, promising to reduce soda consumption. Some of the key findings of the evaluation survey follow:

- Two-thirds of all survey respondents reported making a behavior change toward better health during the campaign, and 15 percent of survey respondents brought up decreasing sweetened beverage consumption on their own.
- When asked directly, 47 percent reported they were drinking less soda and sports drinks since being exposed to the campaign.
- Over 100 Bay Area partner organizations participated and many of these partners instituted policies to make their organization a healthier place, such as taking soda out of vending machines or not serving soda at meetings and events.

As Director of Health, it is gratifying to see a widespread regional health campaign that has a proven, positive influence on health behaviors, especially among children whose tastes and preferences for sweetened beverages can be redirected to more healthy choices.

Dr. Katz added that the nurses came to agreement and gave back \$13 million and that SEIU is currently voting on a contract giving back \$20 million. Dr. Katz also added that in his budget address, the Mayor commended the Health Department on efforts to reduce cut backs, including efforts to capture additional Medi-Cal funding, transfer of EMS to DEM, and expansion of Healthy SF without additional General Fund.

### **Commissioner Comments/Requests for Follow-Up:**

Commissioner Illig reiterated the difficulty of budget cuts, noting that these cuts mean losses of jobs and cuts in service for real people.

Commissioner Illig asked about the LHH survey. Mivic Hirose noted that June 3 will be the exit interview, and that she currently had no findings from the surveyors.



#### 4) GENERAL PUBLIC COMMENT

Roland Wong spoke against the cut to the 89 Laguna Honda shuttle bus that's being cut. He understands that this cut will result in the elimination of service for patients to and from LHH. He suggested using the number 36 bus to shuttle around LHH. He asked DPH's plan of action on this matter. Commissioner Illig suggested that Mr. Wong contact his Supervisor directly.

Male speaker, a North of Market advocate, noted that there are a continuing number of service cuts at Tom Waddell Health Center. It now takes six to eight weeks to get an appointment, ancillary services no longer exist, and dental services are on life line. He suggested spreading cuts across programs.

#### 5) FINANCE COMMITTEE REPORT

Commissioner Tierney reported on the activities of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Agenda of the June 2, 2009 Finance Committee meeting with the following abstentions: Commissioner Chow abstained on the NICOS contract; Commissioners Illig, Melara and Sako abstained on the Catholic Healthcare West contracts; and Commissioner Waters abstained on the UCSF contracts.

#### 6) FY 09-10 BUDGET SUBMISSION

Gregg Sass, CFO reported on the Department's FY 09-10 budget submission. A copy of his presentation is attached and incorporated into these minutes.

#### Public Comment:

Max Haptonstahl of MAP/CATS spoke against the cuts to MAP, which he believes is included in the Board's priority of safety net services. The program is more than just a shuttle service, but involves working with a very vulnerable population, and operates 24 hours per day. He understands the need for sacrifice, but hopes for moderation in this cut.

Janet Goy of CATS spoke against the \$366,000 cut to MAP. MAP is a unique transportation and outreach program to the homeless. It is not simply transportation, but involves a highly trained staff that is the most basic of safety net services, preventing deaths on the streets. This cut along with the mid-year cut represents half of the program's budget.

Denise of MAP/CATS spoke against the MAP cuts, noting that she works with clients to determine their need for sobering services, mental health services, and hospitals. The program is 24 hours. She loves the work, and works to ensure client safety. Nobody else is there to provide the service.

Gregory Cross of SEIU 1021 spoke against the contracting out of Jail Health Services. Clients are people from the community, and this is an important public health services. He also understands that there is a proposal to contract out DPH security. People at LHH and SFGH don't want these services contracted out; they want sworn peace officers. Also, CNAs have been demoted and given a 25 percent pay cut. These are overwhelmingly women of color. Finally, he spoke against the cuts to clerks. He understands there will be a 'skill mix' change for these employees as well.



Richard Heasley of Conard House addressed Commissioner Sako's question regarding matching funds challenging Mr. Sass' response noting that cuts to his contract will reduce Medi-Cal funding for his agency. This will result in a loss of services for case management through his agency.

Eve Myer of San Francisco Suicide Prevention Services is pleased to hear that \$3 million has been restored the Community Program RFP. She believes there are a number of myths: 1) That San Francisco provides three times the amount of mental health funding over other cities, 2) San Francisco can manage its mental health clients through housing and medication management only. She hopes the Commission finds ways to ameliorate these cuts.

#### Commissioner Comments/Requests for Follow-Up:

Commissioner Sako asked whether any cuts have been made that impact matching funds. Mr. Sass responded in the negative.

Commissioner Melara asked about ways to meet the needs of the SRO Collaboratives. Dr. Katz responded that the Mayor had addressed this item and that it is a high priority of Mayor's and of the Board of Supervisors, and that he hopes it can be addressed by the Board.

Commissioner Illig asked about the five percent increase in Central Administration. Mr. Sass responded that it relates to transfers, including work orders, which vary from year to year as to where they are placed in the Department.

Commissioner Illig noted for the public that the budget is now at the Board of Supervisors, so advocacy should be directed to the Board.

Commissioner Chow echoed Commissioner Melara's concerns about the elimination of funding for the SRO Collaboratives.

Commissioner Sanchez stated that the dialogues that have taken place at the Commission have reflected the values of the Department. He added that everyone has been looking to find resources to ensure continuation of services, and now the dialogue shifts to across the street.

#### 7) **RESOLUTION PROCLAIMING 2009 RETHINK YOUR DRINK/SODA -FREE SUMMER**

Christina Goette, Senior Health Program Planner, Community Health Promotion & Prevention Section presented a resolution Proclaiming 2009 Rethink Your Drink/Soda-Free Summer.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the resolution Proclaiming 2009 Rethink Your Drink/Soda-Free Summer.

#### 8) **CITYWIDE AMBULANCE FEE ORDINANCE**

Dr. Mitch Katz introduced the Citywide Ambulance Fee Ordinance by stating that the legislation is necessary because San Francisco is no longer considered by State to be an exclusive EMS ambulance zone because of the addition of Treasure Island, Yerba Buena Island, and the Presidio into the service

area and because of the increase in the number of private ambulance companies in the City. The legislation does two things:

1. It allows all ambulance companies to join the EMS system if they are willing to play by EMS rules. As a result, it attaches a fee to all ambulance providers, public and private, the amount of which only covers the actual cost of regulating the system.
2. It provides for a fee for receiving hospitals for services EMS provides, if hospitals decide they want those services. If hospitals don't want those services, EMS will not provide or bill for them. The two services include:
  - a. A formal STEMI (heart attack) system.
  - b. A disaster communication system.

Because this is legislation related to the new budget, it must move forward in June to comply with the City's budget cycle. Changes to the scope of work and the fee schedule can be made after the legislation passes, but because of the tie to the budget, legislation must be advanced with the budget. Dr. Katz concluded by noting that the Hospital Council is meeting on June 10 to discuss the scope of work and the fee schedule.

#### Public Comment:

Ron Smith of the Hospital Council thanked Dr. Katz and Dr. Brown for meeting with the hospitals. The Hospital Council will be making recommendations after June 10. The hospitals are committed to working with the Department on this legislation. Mr. Smith specifically requested that specific mentions of fees on pages five and six be removed. Dr. Katz noted that the Commission can take any action it pleases, but that he cannot control what the Mayor and Board of Supervisors include in the legislation. The Commission can recommend certain changes in the legislation.

Abbie Yant of Saint Francis Hospital asked whether this legislation has been introduced. Dr. Katz responded that he understands that the ordinance was introduced today. Ms. Yant asked whether the Department could impose a fee schedule. Dr. Katz responded in the affirmative, but that only recovery of actual costs can be billed.

Action Taken: The Commission (Illig, Sanchez, Tierney, Waters) moved the Ordinance to the Board of Supervisors as written except that the scope of work and fees in the final Ordinance will reflect the agreement of the Hospital Council and the Department in recognition of the collaboration between the Hospital Council and the Department. (Commissioners Chow, Melara, and Sako abstained from discussion and voting.)

#### 9) CHAIN RESTAURANT SURCHARGE ORDINANCE

Paula Jones, Senior Health Planner, Environmental Health Services requested that the Commission pass the Chain Restaurant Surcharge Ordinance to cover the costs of Environmental Health Services implementation of the State's menu labeling law at chain restaurants.

#### Commissioner Comments/Requests for Follow-Up:

Commissioner Illig asked why only chain restaurants are covered. Ms. Jones responded that the State legislation covers only restaurants with 20 or more outlets in California. For restaurants with a menu board, the information must be contained in a brochure. For restaurants with table service, the

information can be contained on the menu, in a brochure, or on a table tent. However starting in 2011, the information will be required to be contained on the menu board or on the menu.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) moved the ordinance to the Board of Supervisors as written.

#### 10) COMMUNITY STAKEHOLDER PLANNING PROCESS

Barbara Garcia, Kavoos Bassiri, David Fariello, Alice Gleghorn, Steve Fields, Jenny Chacon, Sai-Ling Chan-Scw, and Brett Andrews presented the Community Stakeholder Planning Process. A copy of their presentation is attached and incorporated into these minutes. Ms. Garcia thanked Mary Ellen Carroll, Catherine Spaulding, Michelle Schurig, and Peg Stevenson of the Controller's Office, and staff of Harder + Company Community Research for their work on the process. She added that this will be placed on the web site for public comment for 30 days.

#### Public Comment:

Jimmy Loyce of the Black Coalition on AIDS spoke in favor of the planning process, and thanked Barbara Garcia and her staff in DPH in bringing together such a good process. A direct result has been discussions with his Board of Directors and members of the service providers in the Southeast sector of the City as to how best to incorporate this work into their planning.

#### Commissioner Comments/Requests for Follow-Up:

Commissioner Tierney suggested that in the Integrated Service section that clients be involved in determining their own care and asked whether in the Care Coordination section if a care coordinator is the same as case manager. Ms. Garcia responded that there is a goal that each person has a care coordination plan.

Commissioner Melara thanked Ms. Garcia and was pleased that some of the work by Dennis Herrera and Sandra Hernandez was reflected in this work. She added that this could and should serve as a model for other planning processes. Finally, she noted that with cultural diversity in San Francisco, cultural competency and cultural humility should be a guide for how all providers provide services.

Commissioner Waters acknowledged Ms. Garcia's work. She asked for an update in six to twelve months. Ms. Garcia agreed.

Commissioner Sanchez acknowledged the amount of work involved in this process and the comprehensive nature of this report reflecting some of the best practices of academic work. He noted the need to include confidentiality and efficacy throughout the document.

Commissioner Sako noted that the report took very complex concepts and distilled them into very understandable language. She offered the Commission as a place to ask for leadership in implementing the plan.

Commissioner Chow noted that this is a terrific beginning and provides a great base to move forward. What he sees missing is how Community Programs, with a strong behavioral health emphasis, integrates into the rest of the Department and the City's other service providers. Next



steps should include making those connections to the other side of the Department and to the private sector providers.

Commissioner Illig stated that this is only the cover letter to a process. He noted that the process brought together as stakeholders, and overcame the "us versus them" mentality, with civil service and contract providers all getting a seat at the table, on equal footing.

**11) OTHER BUSINESS**

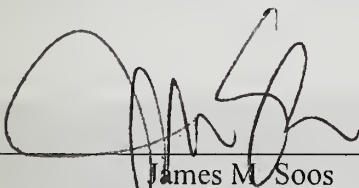
Commissioner Illig raised the issue of the California Pacific Medical Center Institutional Master Plan, which is being heard at the Commission on June 16. He requested that Mr. Soos send the phone number of the Lewin Group to all Commissioners so that Commissioners may have individual conversations with Lewin, and that Commissioners e-mail their thoughts about the Lewin report to Mr. Soos to draft into a resolution for consideration at the next Commission meeting.

Commissioner Sako proposed that a new committee be created, "Community Health Programs and Primary Prevention," which she offered to chair. Commissioner Tierney suggested discussing this at a subsequent meeting, with specific outcomes determined. Commissioner Melara expressed a concern that the Commission not get too involved in the "nitty gritty" of the Department's activities, and also expressed a concern that there is the potential for large overlap with Citywide Health Planning and Effectiveness Committee. Commissioner Sako agreed to draft a purpose and mission statement for this new committee to be discussed at the next Commission meeting.

Commissioner Illig requested that there be a closed session scheduled in July for Dr. Katz's performance evaluation. Commissioner Sako suggested that the Commission conduct a self evaluation and agreed to research this and propose something formal at a subsequent Commission meeting.

**12) ADJOURNMENT**

The Commission adjourned at 7:12 pm in memory of Zaida Rodriguez who died on May 28.

A handwritten signature in black ink, appearing to read "James M. Soos", is written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary

Attachments (2)

## San Francisco Department of Public Health Budget Update FY 2009-2010

## Budget Overview

	Mayor's Budget	Health Commission	Difference
Increases to Revenue	\$ (107,312,488)	\$ (107,451,534)	\$ 139,046
Inflationary Increases	\$ 2,662,320	\$ 2,662,320	\$
Regulatory Increases	\$	\$ 143,000	\$ (143,000)
Structural Increases	\$ 5,773,609	\$ 12,440,323	\$ (6,666,715)
Reductions	\$ (71,046,629)	\$ (49,420,517)	\$ (21,628,112)
New Initiatives	\$ 560,843	\$ 1,594,432	\$ (1,033,589)
Total Reduction to General Fund	\$ (169,364,340)	\$ (140,021,976)	\$ (29,332,364)

## Increased Revenues

Revenue increases in the Mayor's budget are \$139,046 less than those approved by the Health Commission.

- (\$216,780) less budgeted for FMAP for Medi-Cal services at San Francisco General Hospital. This is a minor change to the \$49,843,000 in the HC Budget.
- \$17,481 more budgeted for Rehabilitation Services revenue at LHH. This is an increase from the \$253,417 in the HC Budget.
- \$6,992 more budgeted for Acute Rehabilitation Services revenue at LHH. This is an increase from the \$213,154 in the HC Budget.
- \$3,261 more budgeted for Healthy Worker's premiums at SFGH. This is a minor change to the \$1,500,000 in the HC Budget.
- \$50,000 in new revenue for Increases to the Health Care Accountability Ordinance "in lieu" fee.

## Regulatory Increases

The Mayor's budget did not include \$143,000 to fund an infection control surveillance worker and pay for materials and supplies. The Department has identified savings in the UC Contract to fund this mandated activity.

## Structural Issues

The Mayor's budget did not fund \$6,666,715 of the \$12,440,323 in Structural requests.

- (\$696,717) less in salary expense at LHH. This is a decrease from the \$2,998,563 in the HC Budget.
- (\$900,000) requested for pharmaceutical cost at LHH was not funded
- (\$5,034,998) requested for costs of Community Placements was not funded.
- (\$35,000) less in salary expense in C6HS MH. This is a decrease from the \$935,000 in the HC Budget.

## Reductions in Spending

The Mayor's budget includes an additional \$20,878,112 in reductions. This includes a \$16,996,384 "placeholder" adjustment to DPH attrition savings pending final ratification votes by SEIU 1021 and other unions occurring this week and next week.

- (\$1,084,452) less in savings from the outsource of security services, reflecting a later effective date. This is a decrease from the \$2,711,130 in the HC Budget.
- (\$168,017) less in savings from reductions to Behavioral Health Contracts. This is a small decrease from the \$5,747,759 in the HC Budget.
- \$50,885 more in savings from nursing skill mix changes at LHH. This is an increase to the \$188,496 in the HC Budget related to change in job classification.
- (\$3,000,000) less in savings from the Behavioral Health RFP. This is a decrease from the \$7,000,000 in the HC budget.

## Reductions in Spending (contd)

- (\$73,479) less in savings from HIV prevention – outreach and testing contracts. This is a decrease from the \$355,811 in the HC Budget.
- (\$161,604) less in savings from position reductions. This is a decrease from the \$2,033,845 in the HC budget.
- \$200,000 more in grant and project close outs. This is an increase to the \$5,850,000 in the HC Budget to include a 1-time delay in implementation for scattered site housing.
- \$366,667 in a new initiative to reprogram Mobile Assistance Patrol Transportation Program Services, with greater focus on evening services.
- \$7,769,726 in an initiative by the Sheriff to contract out Jail Health Services. This item will require a "Prop J" hearing by the Board of Supervisors. This amount reflects the City-wide savings net of the contract cost that will be incurred by the Sheriff.

## Reductions in Spending (contd)

- \$16,998,384 as a "placeholder" adjustment to attrition savings which will be adjusted, pending ratification votes by SEIU and others in the coming two weeks. This item will be replaced by ratified agreements to reduce compensation or by layoffs, if agreements are not ratified.
- \$750,000 in an initiative by the Department of Building Inspection, eliminating funding for SRO Collaborative. This will effectively eliminate all City funding to the program.

## New Initiatives

Funding for new initiatives were reduced \$1,033,583 from \$1,594,432 to \$560,849.

- (\$255,000) reduction to the request for funding of increased operating costs at the new LHM. This is a decrease from the \$548,050 in the HC budget.
- (\$777,583) to fund DPH IT operating expenses was not funded. These costs are related to additional needs at LHM plus scheduled increases in several DPH IT contracts.

## Changes in DPH GF

General Fund 06-30-08	\$ 410,765,175
Less:	
Mid year Cuts in base budget	(29,487,759)
Plus:	
10% Fringe Benefit Increase	18,500,000
Other Adjustments to base budget (COLA, Capital, EQ, V/Os)	37,789,658
Adjusted Baseline	435,507,274
Less:	
GF reductions:	
Total	(189,364,340)
DB-0900s	54,584,318
SRO Collaboratives	750,000
EMSA Savings	(60,279)
Jail Health contract	(7,500,000)
	(121,810,301)
General Fund 06-30-09	\$ 313,696,973



## San Francisco Department of Public Health Community Programs Stakeholder Engagement Process

Presentation to Health Commission  
June 2, 2009

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## Background

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## Background

Given the current financial forecast, Community Programs initiated a participatory planning process aimed at generating recommendations for system of care improvements, revenue enhancements, and cost reductions, while preserving the Department's values.

DPH's process of stakeholder involvement in change management has been recognized as a promising practice by Mayor Newsom's CBO Taskforce.

- Community Programs ensured that its goals were aligned with the principles articulated by the Health Commission and the Human Services Network.

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## Goals

- The goals of the Stakeholder Engagement Process were:

- Plan for a new community-based public health system that will improve outcomes and increase efficiencies in six priority areas.
- Support Community Programs' principles of community engagement and involvement.
- Obtain Input to inform Community Programs reorganization and guide service system changes.

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## Process Summary

There were 164 participants from DPH civil service, CBO leadership, SEIU, HSA, and the community.

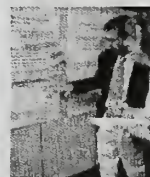
Participants spent approximately 100 hours attending the following meetings:

- 5 Stakeholder Group meetings
- 4 Project Leader meetings
- 46 workgroup meetings

DPH staff and the Controller's Office also met during this time to monitor the planning process and the development of recommendations.

This project received project management and financial support through the City Services Auditor Division, Controller's Office.

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## Six Policy Initiative Workgroups

1. Integrating Behavioral Health and Primary Care
2. Coordinating Care
3. Managing Beds (*two subgroups*):
  - Substance Abuse Residential Treatment
  - IMD Client Assessment
4. Increasing Health Equity
5. Supporting Children, Youth, and Families
6. Community-Based Organizations

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## Workgroup Recommendations

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## Integrating Behavioral Health and Primary Care *Project Leaders*

- **Kavous Bassiri**  
Executive Director of RAMS, representing the Mental Health Contractors Association
- **Bob Cabaj, MD**  
Director, CBHS, DPH
- **Lisa Golden, MD**  
Medical Director, Ocean Park Health Center, DPH
- **Dick Hodgson**  
Vice President of Policy and Planning, San Francisco Community Clinic Consortium

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## Integrating Behavioral Health and Primary Care *Recommendations*

1. Assign all clients a primary care provider.
2. Establish a clear definition of health care homes as a either a primary care clinic or a behavioral health setting/agency. A designated health care home assures clients/patients access to both primary care and behavioral health services. Designated health care homes must meet a core set of criteria.
3. Guarantee that all clients within a health care home have access to care coordination.

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## Integrating Behavioral Health and Primary Care *Recommendations, continued...*

4. Develop protocols and procedures for record keeping and information and data sharing, and provide communication and training for all DPH and affiliated primary care and behavioral health providers working within integrated models of care settings.
- Ensure that culturally and linguistically competent services are maintained within an integrated model of care.

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## Integrating Behavioral Health and Primary Care *Recommendations, continued...*

5. Develop financing strategies that support revenue maximization and address existing barriers to financing behavioral health services in primary care settings as well as primary care providers in behavioral health settings/agencies.

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### **Coordinating Care Project Leaders**

#### **Edwin Batongbacal**

Director, DPH CBHS Adult and Older Adult Systems of Care

#### **Grant Colfax**

Director, DPH HIV Prevention Section, representing the HIV Prevention Planning Council

#### **David Fariello**

Division Director, SFGH Citywide Case Management Community Focus - UCSF

#### **Brenda Storey**

Director, Mission Neighborhood Health Center, representing Community Clinic Consortium members

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### **Coordinating Care Recommendations**

Further define criteria of users of multiple systems who are at high risk, then identify and engage individuals who meet criteria for orchestrated Coordinated Care.

Assign a care coordinator to each of these clients to identify and work with other members of the Coordinated Care Team.

Develop a joint care plan based upon an assessment of the client's risks and strengths, using the various domains of recovery.

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### **Coordinating Care Recommendations, continued...**

Utilize a shared database and communication system for coordinating, monitoring, and collecting profiles, services, and outcomes to facilitate information sharing and communication among service providers.

Design Coordinated Care to be outcome-driven and to address common individual- and system-level barriers and successes.

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### **Managing Beds Project Leaders**

#### **Alice Gleghorn**

Deputy Director, CBHS, DPH

#### **Barbara Garcia**

Director, DPH Community Programs

#### **Keiyo Hiramoto**

Director, DPH Placement

#### **Steve Fields**

Executive Director, Progress Foundation, representing the Human Services Network

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### **Managing Beds – Substance Abuse Subgroup Overarching Policy Recommendation**

Expand the existing authorization and utilization review process to include residential substance treatment programs.

- Components include: centralized bed management; utilization review of beds; standardized admissions and discharge criteria; and coordination among the Behavioral Health Access Center (BHAC), Placement Unit, community agencies, and the client's case manager.

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### **Managing Beds – IMD Subgroup Recommendations**

Support continued efforts to assure the least restrictive level of care and minimize Length of Stay.

Explore opportunities for diversion to community programs before sending clients to IMD and consider system changes for a different type of facility in the community if indicated.

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### Managing Beds – IMD Subgroup Recommendations, continued...

- 1. To reduce isolation, strengthen community connections within the IMD structure via groups and interviews / meetings with community program representatives and Intensive Care Managers.
- 2. For IMD clients needing supportive housing, find exit models that provide this service outside of the Tenderloin or other high substance triggering environments.

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### Increasing Health Equity Project Leaders

- 1. **Doreen Der-McLeod**  
Executive Director, Cameron House, representing the Asian & Pacific Islander Health Parity Coalition
- 2. **Ginger Smyly**  
Deputy Director, DPH HIV Prevention

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### Increasing Health Equity Recommendations

- 1. **Public Health, Health Promotion and Prevention.** Promote and maintain prevention and public health functions related to reducing and eliminating health disparities and health inequities by ensuring that prevention is a core component of new program initiatives, services, and part of the overall design where appropriate across the department and contractors.

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### Increasing Health Equity Recommendations, continued...

- 2. **Data.** Systematically collect, analyze and report on health disparities and inequities, by ethnic/cultural, age, neighborhood and other relevant groupings as a guide for the planning, setting of funding priorities, and evaluation of services, projects and contracts.
- 3. **Cultural Humility /Cultural Competence.** Ensure cultural humility and cultural competency are reflected in the application, development and implementation of programs and services delivered by the department and contractors.

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### Increasing Health Equity Recommendations, continued...

- 4. **Building Community Capacity.** Build the capacity of community and grassroots organizations to address the health issues of emerging populations and other affected populations by providing training opportunities and technical assistance.
- 5. **Social Determinants of Health.** Identify, prioritize, and address the social determinants of health to eliminate or reduce health disparities and health inequities across the department and contractors.

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### Supporting Children, Youth, and Families Project Leaders

- 1. **Sai-Ling Chan-Sew**  
Director, DPH CBHS Child, Youth, and Family System of Care
- 2. **Marlo Simmons**  
Adolescent Health Coordinator, DPH and Department of Children, Youth, and Their Families
- 3. **Germán Walteros**  
Associate Director, Instituto Familiar de La Raza

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### **Supporting Children, Youth, and Families Recommendations**

Collaborate to improve coordination and prioritization in care planning across systems of care to reduce institutionalization/ group care and support families living in natural communities, particularly for children, youth, and families who have complex needs and/or are served by multiple systems.

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### **Supporting Children, Youth, and Families Recommendations, continued...**

Partner with the Mayor's Interagency Council (IAC) to develop a coordinated system of services for children, youth, and families that supports multiple "hubs," ensures that one "Care Coordinator" is identified and maintains a primary relationship with the client, and helps sustain smooth transitions across the continuum of care.

Fund activities that ensure children, youth, and families needing behavioral health support are identified and receive early intervention services before they need higher levels of care or experience other negative outcomes.

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### **Supporting Children, Youth, and Families Recommendations, continued...**

- Create incentives for the adult and child systems to work together to support and ensure optimal outcomes for Transitional Age Youth.

Focus on community violence, intimate partner violence, child abuse, and trauma as significant public health issues for children, youth, and families in San Francisco.

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### **Community Based Organizations Project Leaders**

- **Sherilyn Adams**
  - Executive Director, Larkin Street Youth Services, representing the Human Services Network
- **Brett Andrews**
  - Executive Director, Positive Resource Center, representing the HIV/AIDS Provider Network
- **Jacob Moody**
  - Executive Director, Bayview Hunters Point Foundation for Community Improvement, representing the African American Health Leadership Group

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### **Community Based Organizations Recommendations**

Support and foster community-driven strategic restructuring efforts that maximize service availability and quality for priority populations.

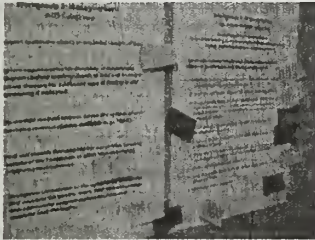
Improve contractor assessment practices to ensure that DPH is funding high-performing, competent, and fiscally strong nonprofits.

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### **Community Based Organizations Recommendations, continued...**

- Support capacity development of organizations providing key services in priority neighborhoods.
- Continue to streamline and improve the nonprofit contracting process.

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## Next Steps

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## Next Steps

- ✦ Report will be used as a Strategic Plan for Community Programs future planning efforts
- ✦ Recommendations will inform:
  - ✦ Structural changes for all new Community Programs RFPs
  - ✦ Restructuring of services within civil service

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James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, June 16, 2009

At

2:00 p.m.+

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

GOVERNMENT  
DOCUMENTS DEPT

JUL 25 2011

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+PLEASE NOTE THE EARLIER START TIME FOR THE MEETING

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 2, 2009

*\*Minutes of the meeting of June 2, 2009*

3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*

4) GENERAL PUBLIC COMMENT\*\*

5) FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF THE CALIFORNIA PACIFIC MEDICAL CENTER INSTITUTIONAL MASTER PLAN  
(Alicia Neumann, Senior Health Program Planner, Process for DPH Review of CPMC Institutional Master Plan  
Chuck Salvo, Principal, The Lewin Group, Preliminary Findings from the Review of the CPMC Institutional Master Plan)  
*\*Report*





7) **OTHER BUSINESS\*\*\***

**COMMUNITY HEALTH NETWORK/COMMUNITY HEALTH PLANNING & EVALUATION COMMITTEE PROPOSAL**

(Commissioner Margine A. Sako)

*\*Proposal*

8) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal



from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, June 16, 2009

At

2:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 2:07 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia A. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako (arrived at 2:41 p.m.)  
Commissioner David J. Sanchez, Jr., Ph.D. (departed at 5:00 p.m.)  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 2, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sanchez, Tierney, Waters) approved the minutes of the meeting of June 2, 2009 with a modification to note that the Soda Free Summer Resolution was amended to reflect current medical terminology.

#### 3) DIRECTOR'S REPORT

##### **Polk/Geary Apartments Opening Celebration**

The Commissioners have received invitations to the Grand Opening Celebration of a new 110-unit facility at 990 Polk St., referred to as Polk/Geary Apartments, on Wednesday, June 17, 11 a.m. This project is especially exciting for the Health Department due in part to its scope of providing 50

Direct Access to Housing (DAH) units, of which 10 received Mental Health Services Act (MHSA) capital funding, making it one of the first projects in California to include newly developed MHSA units. In addition to the 10 units available for MHSA participants, the DAH units accepted a number of referrals from Laguna Honda Hospital, in accordance with the agreement in the Chambers settlement. At its best, Polk/Geary Apartments exemplifies a highly successful collaboration between city agencies, private and public lenders, and affordable housing developers.

All of the units are designed as affordable housing units for individuals who are 55 years and older. Lutheran Social Services is the on site support services provider, Citizens Housing provides property management and DPH staff are on site with a nurse and medical and psychiatric consultation on an ongoing basis.

An interesting wrinkle in Polk/Geary Apartments' short history began last Friday when the Polk Street underground explosion occurred less than one block away. Because the building lost power for nearly 48 hours and houses many individuals in electric wheelchairs and others with ambulatory and complex medical problems, the interdisciplinary team who worked together to plan, design and provide services at Polk/Geary Apartments, also worked throughout the weekend to ensure the safety and comfort of the residents. With the building's elevators and lights not functioning, staff from DPH Community Programs Administration, Housing and Urban Health, Lutheran Services and Citizens Housing was joined by the Red Cross to deliver meals door to door, provide flashlights, check on residents frequently and transport patients to where they needed to go such as kidney dialysis and other medical appointments.

Many thanks to Margot Antonetty from Housing & Urban Health and David Nakanishi from DPH Community Programs Administration for their very attentive and highly effective role in overseeing this successful collaborative effort. Thanks also goes out to the San Francisco Police Department and the San Francisco Fire Department who helped manage the situation and allowed some flexibility for our clients and staff during the incident. Their sensitivity and support to the residents was exemplary.

### **Kaiser Permanente Joins Healthy San Francisco**

At a news conference on June 4, the Mayor announced that effective July 1, 2009, Kaiser Permanente has become the newest member of the Healthy SF network in providing care to the uninsured. Kaiser's extensive network will provide primary, emergency, specialty, diagnostic, pharmacy and inpatient services to some of the nearly 42,000 residents who are currently enrolled in the program. We are immensely pleased to have Kaiser as our partner in Healthy SF.

### **Golden Gate Restaurant Association Lawsuit**

On June 8, the Golden Gate Restaurant Association (GGRA) filed a petition with the U.S. Supreme Court requesting that the Court rule on the legality of the Employer Spending Requirement (ESR) of the Health Care Security Ordinance. GGRA states that the ESR conflicts with the federal Employee Retirement Income Security Act. While the U.S. Supreme Court considers whether to hear the case, the Ninth Circuit Court of Appeals' September 30, 2008 decision upholding the ESR remains in effect.

### **Project Homeless Connect 28**

Thanks to the staff and volunteers who helped out at Project Homeless Connect (PHC) 28 on the first Friday in June, 2053 individuals (including families and children) were linked to services. Here are some medical-related service highlights:



Acupuncture	47
Chiropractic Treatments	50
Dental Screenings	52
Eye Exams	65
Eye Glasses	440
HIV Tests	47
Medical Exams	150
Needle Exchange	80
SSI/Medi-Cal	141
Behavioral Health or Methadone	101
TB Tests	25
Podiatry	27
Wheelchair Repair	18
Shelter, Stabilization or Homeward Bound	91
Pounds of Groceries	16,681

Project Homeless Connect continues to be a successful model that reaches thousands of San Francisco's homeless population every year. The next PHC 29 will be held in Bayview Hunters Point on Wednesday, September 9th.

#### **State Survey Concludes at Laguna Honda**

As reported in the previous Director's Report, State surveyors visited Laguna Honda Hospital from May 26-June 3, keeping within regulations that require a re-survey within three months of a change in hospital administration. We are pleased to report that the hospital's quality and compliance standards continue to improve dramatically and exceed state standards. Laguna Honda now leads the state and nation in key quality indicators, including low incidence of weight loss, urinary track infection, use of anti-psychotics, and pressure ulcers. Congratulations to everyone at LHH for this fine performance and review. We believe that the improvements at LHH have set the stage for the excellent quality of care that will carry over into the new facility when it opens in 2010.

#### **Celebrating 10 Years for Laguna Honda Substance Abuse Treatment Services**

Laguna Honda's Substance Abuse Treatment Services (SATS) celebrates its 10th anniversary on June 24 with a picnic barbeque. The program operates on a harm reduction model as adopted by the Health Commission and consistent with Laguna Honda's mission of enhancing quality of life and encouraging independence. Its goal is to provide participants with the support they need to end substance abuse and to continue to avoid harmful substances after they leave Laguna Honda. The program serves 130 people.

#### **American Hospital Association Tours Laguna Honda**

Laguna Honda was the host hospital for the annual meeting of American Hospital Association's Long Term Care and Rehabilitation Governing Council on June 8. The Council chose San Francisco as the site of its annual meeting so that members could view the progress of the new hospital. Interest in the new Laguna Honda is high among long term care and rehabilitation professionals nationwide for its use of evidence-based design to create a community-oriented and resident-centered facility. The visit ended with a welcome reception sponsored by the architecture firm Anshen and Allen, where the Council had the opportunity to meet with hospital leadership.

### **More Housing For MHSA Clients**

The Community Housing Partnership (CHP) has been awarded approval for its funding application for the Parcel G project, at 365 Fulton Street. The total cost of development is projected to be \$38 million for 120 studio apartments with kitchenette and bathrooms, exclusively reserved for extremely low income, formerly chronically homeless individuals. The Mental Health Services Act, (MHSA) will provide the funding of \$1.2 million for 12 units to be dedicated for MHSA clients. Clients referred to this housing site will be supported by MHSA full service partnership providers. The site is scheduled to open in 2011.

### **Women, Girls and Behavioral Health: Where Do We Go from Here?**

A networking event and reception entitled, "Women, Girls and Behavioral Health: Where Do We Go from Here?" was held on June 11 at the Women's Building in San Francisco to connect behavioral health clinicians, administrators, and policy leaders with a common interest in sharing resources about behavioral health services for women and girls in San Francisco. Those who attended also heard from Assemblywoman Fiona Ma and Catherine Dodd, former Health Commissioner and currently Deputy Chief of Staff for Mayor Newsom.

The event was sponsored by the San Francisco Mental Health Board, the CA Women's Mental Health Policy Council and the Gender Appropriate Behavioral Health Services for Women and Girls (GABHS for Gals.) We are grateful to the leadership of these organizations for their advocacy on behalf of women and girls.

### **Celebrating 30 Years of Refugee Health in San Francisco**

June is Refugee Awareness Month and on June 9, the Family Health Center's Refugee Medical Clinic and Community Health Promotion and Prevention's Newcomers Health Program hosted a joint event at San Francisco General Hospital to celebrate 30 years of collaboration on responding to refugee health issues in San Francisco. Commissioner Illig attended the event and presented a copy of the May 5<sup>th</sup> Health Commission resolution acknowledging Refugee Health and Awareness.

The celebration highlighted the history and long-term collaboration, and recognized the contributions refugees have made to the city and challenges they have overcome. Since the mid 1970's, San Francisco has become home to approximately 50,000 refugees from countries throughout the world, and, in more recent years, thousands of others with asylum status.

Dr. Katz provided an update that the Mayor's Office has made a number of technical adjustments to the City's FY 2009-10 budget, which include the following adjustments to the DPH budget:

- \$1.8 million adjustment to correct the savings attributed to the contracting out of jail mental health services, which are currently contracted through the Haight-Ashbury Free Clinics.
- \$600,000 add-back to the Central City Hospitality House for a drop-in shelter program.
- \$700,000 add-back for Ozanam/St. Vincent de Paul.
- 30 of 100 stabilization beds cut from the budget were put back in.

Dr. Katz added that the Board of Supervisors last week removed \$80 million from the public safety budgets to make up for cuts to the health and human services budget. He noted that it was not specified how

Commissioner Illig commended LHH on successful completion of their survey.



4) GENERAL PUBLIC COMMENT

None

5) CONSIDERATION OF THE CALIFORNIA PACIFIC MEDICAL CENTER  
INSTITUTIONAL MASTER PLAN

Alicia Neumann, Senior Health Program Planner, described the process for DPH Review of California Pacific Medical Center (CPMC) Institutional Master Plan (IMP). Ms. Neumann noted that the Lewin Group had been hired to complete the review, which included interviews from a number of key informants and has already presented the initial findings of the review to the Long Term Care Coordinating Council.

Chuck Salvo, Principal, the Lewin Group, presented the preliminary findings from the review of the CPMC Institutional Master Plan. A copy of his presentation is attached and hereby incorporated into the minutes of the meeting.

Marie Jobling of the Long Term Care Coordinating Council addressed issues of post-acute beds and the transition of seniors and persons with disabilities from acute care to home. She noted that the purpose of the Council is to ensure an integrated system of care. The Council passed a resolution, which Ms. Jobling reviewed with the Commission. A copy of the LTCCC resolution is attached and included as a part of these minutes.

Warren Browner, M.D., CEO of CPMC thanked the Commission for a second hearing on the CPMC IMP. He noted that CPMC is committed to working with the City on access to world-class medical services for all San Franciscans. He recognizes that CPMC is a major health-care asset to the City and that this IMP represents 35 to 40 percent of all health care delivered in San Francisco. He noted that there is broad community support for CPMC's proposal. CPMC provides free care to uninsured residents under 400 percent of federal poverty, the most generous charity care policy of any hospital in the City. He committed to making changes to ensure access to CPMC's charity care. They also provide care a large number of Medi-Cal patients, constituting millions of dollars of uncompensated care each year. CPMC has been a proud, consistent, and early supporter of Healthy San Francisco, and provides free care to inpatients coming from NEMS. CPMC has had a long-term relationship with Chinese Hospital to provide OB, pediatrics, and other specialty care services not available at Chinese Hospital. CPMC recently developed a child health center in the Bayview District. CPMC is working to ensure all access to care at all stages of the continuum, including access to SNF beds in the community. He committed that no CPMC SNF bed would go off line until a bed was found in the community to replace it. CPMC is building two seismically sound hospitals at no cost to the City or the State. They have given comprehensive consideration to a variety of options and have chosen a plan to enable CPMC to deliver high-quality care in an integrated facility. The plan includes acute and emergency care at three locations in San Francisco, including a substantial presence South of Market. He noted that the current ED capacity includes 45 bays, seven fast-track areas, and two triage areas in 26,832 square feet. The new ED plan includes 65 bays, eight fast-track areas, two critical care bays, three triage areas, and a results waiting area in 35,655 square feet.



Public Comment:

Feo Jacobson Clinical Nurse Manager of CPMC spoke in favor the CPMC rebuild. She noted they are a 16 bed facility, most of whose patients are over age 60. They take uninsured as well as Medi-Cal patients. In the last fiscal year they served 210 patients.

Duane Oshinomi of Chinese Hospital noted that they serve a monolingual Mandarin and Cantonese speaking patients. They work collaboratively with CPMC to provide care, which is not available at Chinese Hospital. In 2006 the Commission supported Chinese Hospital in its battle with Brown and Toland, and they ask the Commission to support CPMC.

Eric Leung, president of Chinese Community Healthcare Association, a non-profit group of 170 physicians dedicated to high quality, culturally competent care for 31,000 San Franciscans, including 7,000 seniors testified that they have actively participated in SFHP and Healthy San Francisco, and have a long partnership with CPMC. He requested that the Health Commission recommend that CPMC continue its partnership with CCHCA.

Deena Louie of Chinese Community Health Plan is an integral part of keeping health care coverage available to small businesses. It's part of an integrated service model to addressing the health care needs of the City. CPMC has been an integral part of the Fair and reasonable pricing.

Daniel Cataláa coordinator at CPMC for non-English speaking patients noted that last year they provided 19,000 hours of translation services to CPMC patients. Currently they cannot reach all the patients that need interpretation. He requests that the Commission support the new hospital.

Gillian Gillett lives across from St. Luke's Hospital and is a member of the San Jose Guerrero coalition. She requests that a viable St. Luke's be built. She would like to encourage a variety of medical services be placed at St. Luke's.

Stephen Davins, a member of the Project Management Institute, believes that only a focused group of the community has had a chance to provide input and that no outreach has been provided in the community and that the Blue Ribbon Panel failed to communicate. He believes the plan is flawed. He believes St. Luke's should be more feasible.

Eloise Bates, a resident near St. Luke's wants St. Luke's to succeed. She would like care within walking distance to her home. She has supported St. Luke's since 2001, and helped bring the hospital into Sutter Health. She is concerned that the plan does not include a new medical office building. She is also concerned that Lewin did not contact neighborhood groups.

Jordie Marko owns a house next to St. Luke's. She is happy that the rebuild will focus on senior health. However, the rebuild does not take into account the needs of all of the seniors or the neighbors.

Colin Swan asked for more outpatient services at St. Luke's.

Marianne Ferris asked that St. Luke's not just focus on inpatient beds. She is a neighbor of St. Luke's and an outreach worker. She believes that a healthy hospital has a variety of care, not just a large number of inpatient beds. Please consider the needs of families and neighbors near St. Luke's.

Cathrine Bowsher represents the Liberty Hill Neighborhood Association and believes that the neighbors have not had sufficient input into the St. Luke's rebuild. She would like to see a focus on outpatient care. People in southeastern neighborhoods need more outpatient care.

Howard Chabner supports the CPMC IMP with one major caveat. He believes that the new plan should include more SNF beds.

Jason Fried member of the Cathedral Hill Neighborhood Association believes that the resolution should not forward the IMP. There is no service impact included in the analysis. CPMC's IMP is in its best interest not in the best interest of the community.

Dr. Valerie Gruber is a psychologist at UCSF Stimulant Treatment. As a member of the community and mental health community, she is concerned that the cuts to SNF beds in the face of an aging population and the cuts to the psych. beds in the face of a population needing more beds.

Jennifer Menjivar is concerned about the closure of St. Luke's charity care. CPMC is behaving as a for profit organization, so their non-profit status should be revoked and their IMP rejected. Touro students have a commitment to the community.

Rishi Kapila understands the dire medical needs in San Francisco, and believes that the IMP does not provide the amount of charity care that should be afforded to non-profit facilities. The downsizing of St. Luke's has exacerbated the condition at SFGH. There is a discrepancy between the amount of profit CPMC makes and the amount of charity care they provide.

Ruchi Kapila believes that funds should be provided to the Stimulant Treatment program at UCSF. She added that there is a shortage of SNF and psych. beds in San Francisco. The Commission should not act as a rubber stamp and accept the CPMC master plan. CPMC is receiving tax breaks and putting patients back on to the City and County of San Francisco.

Diana Karner is employed as a nurse and Chief Nursing Officer at CPMC. She believes CPMC nurses and physicians are among the best in the country but that CPMC facilities do not match those skills. Facilities are antiquated and in need of replacement. She asks that the Commission support the new building.

Heather Sebank a nurse administrator at CPMC is speaking as both a nurse and a family member who has used CPMC. Facilities are outdated and there is a shortage of space.

Shannon Thomas is a Clinical Nurse Coordinator at CPMC California Campus. Rooms at the hospital are too small to provide for families in the neonatal unit.

Decdee Koulakis, a med/surg staff nurse at CPMC noted that when she started at Pacific Presbyterian medical center the open heart unit was state of the art. While care is still state of the art, facilities are no longer. Rooms need to accommodate equipment plus families and providers. She was part of the design team for new rooms at Cathedral Hill.

Shannon Watkins, Director of Critical Care Specialties is a new staff member who was attracted by the quality of care and reputation of the staff, but was surprised by the quality of care in the current facilities at CPMC. The current state of the art is private rooms.



Peggy Cmiel is Director of Nursing for med./surg. at CPMC. She is concerned about news of skilled nursing beds at CPMC. No skilled beds will be eliminated unless comparable beds in the community can be found. She urges that the Commission accept the IMP.

Joanne Squire a nurse at the Pacific campus. She has been at CPMC for 16 years. The Pacific campus does some extremely complicated procedures on patients from around the world. The current facility is not adequate to address needs. The new Cathedral Hill campus will provide for their needs.

Enea Zolessi, a native San Franciscan and nurse at CPMC spoke in favor of the rebuild. CPMC has a great record for attracting high quality staff. It has among the lowest turnover of nurses of any hospital in the county.

Anna Ong spoke in favor of building the new CPMC facility. She's been a nurse for 18 years, 14 of which at CPMC. She is a native San Franciscan and delivered both of her children at CPMC. She wants a hospital that can have all of its facilities on one campus.

Carol Loffredi a nurse manager at CPMC for 12 years noted how well CPMC staff performs given the limitations of the facilities. She noted the lack of privacy at the current facilities. The new EDs will have all private rooms, which are desperately needed for quality patient care. She urged support for the IMP.

Tami Chin a physical therapist at CPMC noted that patient and staff safety is of primary concern. The newest technology of patient lifting involved overhead ceiling lifts, which is safest for both patients and staff.

Laura Gooler a psychologist at CPMC asked for support for the CPMC IMP. She noted that privacy needs and need for rest for patients is difficult given the current state of the CPMC facilities. The new facility will allow CPMC to provide the kind of healing environment patients deserve.

Dionne Miller, CAO for CPMC thanked Commissioner Tierney for his support for the Breast Health Center at St. Luke's. Increases to ED demand at St. Luke's require the rebuild, which will allow for the growth in patients. The current ED building was built in 1912.

Margo Cusak Director of Imaging Services at CPMC requested support for the IMP. The rebuild provides for state of the art imaging and facilities. Construction will bring thousands of jobs to San Francisco during difficult economic times.

Paige Brown Kelly, a respiratory therapist at CPMC, noted that some of the care she provides needs to be provided within ten minutes. She's proud of the care provided at CPMC, but noted the need for new facilities.

Doug White, nutrition manager at St. Luke's noted that a new facility will allow them to do so much more. The kitchens were built in the 1970s, and reflect the technology of that age. The new facilities will allow the hospital to attract high quality staff.

Mark Pasvan of the Lion's Eye Foundation spoke in support of the CPMC IMP. CPMC and Lion's Eye have worked together for 50 years to provide care for uninsured patients. In addition they work with a variety of community based clinics and organizations.



Dr. Lory Wivlott, Chair of Medicine at CPMC noted that this hearing is occurring at a time of enormous change. The IMP is designed to address the change that is happening in the healthcare and provider world. CPMC is a committed partner with the City to provide quality care to the City.

Madelon Thomason, of the ALS Association spoke in favor of the CPMC IMP. Relocation of the neuroscience center to Davies campus is a boon for people with ALS.

Richard Magary of the Buena Vista Neighborhood Association noted the years of work to provide input into the Davies campus. CPMC was responsive to the neighborhood input. Those that seek to delay the process have their own agenda. They support the CPMC IMP.

Nato Green of the California Nurse's Association, noted the usefulness of the Lewin report. He noted that CPMC has the highest financial return and the lowest charity care. He believes that the report should contain alternatives to the project and substantive recommendations.

Jane Martin of Bernal Heights and California Healthcare Planning is deeply concerned about the downsizing of St. Luke's. She believes it will be a disservice to communities of color. She has a concern about disaster planning. Finally CPMC needs to keep open facilities that the community needs.

Mark Gleason of the Teamsters spoke in favor of the CPMC IMP because of the number of jobs the rebuild will mean.

Leslic Uptain, Director of the MDA testified in favor of the rebuild as it will be part of the new neuroscience institute at the Davies campus. CPMC's plan represents an integrated plan for care in San Francisco.

Terry Theuriet of the CPMC Communications Division delivered 3 letters of CPMC staff in favor of the CPMC rebuild.

Wanda Roane, Vice President for Services Excellence at CPMC, shared the CPMC mission statement and reiterated her commitment to excellence at CPMC, which includes the need for a rebuilt CPMC. The facility is desperately needed to meet the needs of patients. She speaks also as a family member of a CPMC patient.

Lucy Johns spoke as a health services planner and aging San Franciscan. She is concerned about the lack of analysis of the aging population in San Francisco and the need for care among that population. A Senior Center of Excellence at St. Luke's should have taken into account the population of the community. On two critical health care needs, senior care and ED care, the Lewin report provides no data.

Barbara Savitz, an RN has concerns about the CPMC IMP. She lives near St. Luke's and is a nurse at California campus. She has seen many expectant mothers arrive from the St. Luke's area nearly in delivery. This will only get worse given traffic on the Van Ness corridor.

Sue Locati noted that there will be a doubling of labor and delivery rooms at St. Luke's. She is excited about the new facilities at St. Luke's and the access to specialty care at the Cathedral Hill campus.

Kevin Kitchingham of the Coalition for Health Planning has concerns about many of the analyses of the Lewin report, including disaster preparedness. Regional needs are not measured by the Lewin report.

Linda Harris, a nurse and long-term San Francisco resident believes we must adequately address the health care needs for such a large project. She understands and respects the quality of care at CPMC, but is skeptical of the intentions of Sutter Health. She believes that the plans for St. Luke's are not in keeping with the needs of the surrounding neighborhood.

Erik Langhart noted that California no longer has a Certificate of Need requirement, and that this process represents the only CON-like process. He does not understand why another emergency department is needed. Noise will be a major factor to the surrounding Cathedral Hill neighborhood.

Jennifer Errante of Operation Access works with CPMC to provide donated surgery. They are one of CPMC's community benefits, which are not included in the Charity Care report provided to the Commission. Over the past year, CPMC has provided more than \$200,000 in community benefit through CPMC.

Michael Theriault of SF Building and Contractor's Association spoke in favor of the CPMC IMP. Health insurance for members in his association are based on hours worked, and in the recent economy, health care for members and families has been irregular at best.

Malia Weinberg, a Project Manager for CPMC spoke in favor of the CPMC IMP. Seven services are required in California to be an acute care hospital. She is responsible for organization of space that provides for cost-effective healthcare. Design innovations at the new hospitals will allow for greater cost efficiency at CPMC and St. Luke's.

John Gates, CFO at CPMC spoke about charity care at CPMC. CPMC provides charity care up to 400 percent FPL, the most generous in San Francisco. CPMC also provides generous Medi-Cal and community benefit services.

Mary Lanier, VP for Post Acute Services at Davies campus noted that Coming Home Hospice remains a part of the CPMC services. Neuroscience at Davies is a widely supported service. They are working with the LTCCC on the issue of SNF beds.

David Goldberg, Chief of Psychiatry at CPMC spoke in favor of the IMP. One quarter of inpatient services at CPMC are provided to Short-Doyle Medi-Cal patients. CPMC has a strong commitment to providing care to the uninsured and Medi-Cal patients.

Manny Flores of the Carpenter's Union spoke in favor of the IMP as a needed project in San Francisco. He applauds CPMC in undertaking such a large project in these economic times.

Joel Koppel of the IEW Local 6 spoke in favor of the IMP. These projects will create jobs that will help the San Francisco community and represents an investment in San Francisco.

Suzanne Giurado, a Commissioner on the Children and Families Commission and director of the child development center at CPMC spoke in favor of the IMP. She noted that all children and families receive the same service regardless of ability to pay. She would like to expand services, which she could do through the rebuild.



Jonica Brooks, an RN at CPMC for 15 years, noted that CPMC has said that there will be no closure of SNF beds unless comparable beds can be found elsewhere in the community. She and other post-acute nurses are unconvinced of that promise given the drop in census of post acute patients at CPMC.

Mary Michelucci a nurse of 35 years at CPMC has concerns about the rebuild. Nurses at St. Luke's have been without a contract for two years. She believes that a Center of Excellence should be planned for St. Luke's as was promised during the Blue Ribbon process.

Judy Li of CPMC noted that CPMC is listening to the voices of the community. She believes that CPMC and the Department have worked well together to protect the healthcare interests of San Francisco and to steward the non-profit resources of the City. She spoke of the importance of the Charity Care and Community Benefits Partnership processes. CPMC is committed to meeting its mission of providing world-class health care to all San Franciscans.

Geoffrey Nelson, Director of Long Range Fiscal Planning at CPMC believes that patients need private rooms and high quality care. He noted that these facilities are a real benefit to the City. There are no assumptions that there will be increase of market share, and there are assumptions of more efficient care. A 555 bed facility at Cathedral Hill and 86 bed facility at St. Luke's are necessary.

#### Commissioner Comments/Requests for Follow-up:

Commissioner Illig asked why Lewin recommend approval of the IMP when that was beyond the scope of the legislation. Mr. Salvo responded that because Lewin had done the recent St. Francis IMP, they felt the need to provide a concrete recommendation rather than just provide a data exercise, so they followed the same format as the recent St. Francis IMP. Commissioner Illig noted that the IMP is a proposal, and the Commission may suggest changes to the plan

Commissioner Illig noted a discrepancy with the Charity Care numbers between the report and Lewin's previous presentation. Ms. Neumann responded that the first report included charges, and the second report converted charges to cost. There was also a call to include Medi-Cal shortfall in the second part of the report.

Commissioner Illig asked about emergency department space at the new campus. Mr. Salvo responded that both the square feet of the ED and the D&T are included in the report.

Commissioner Illig asked about the increase in staffed beds. Mr. Salvo responded that there are projected to be a shortage of acute care beds in 2010 or 2020, due to the aging of the San Francisco population. He added given that CPMC has only one shot to build a new facility that tries to predict future demand for acute care. He noted that licensed bed space in current facilities has been converted to other purposes. He added that having additional capacity is not necessarily a bad thing.

Commissioner Illig asked about where the SNF and psychiatric patients in the closed beds went. Mr. Salvo responded that Lewin did not analyze that, but his sense is that many of those patients are now being treated on an outpatient basis.

Commissioner Sako asked about elements that could be included in an IMP that are more germane to the Health Commission than to the Planning Commission. Mr. Salvo responded that the IMP is



an end product in which a lot of the planning and background are not well included in the document. Commissioner Sako recommended that the Commission make a recommendation to the Planning Commission of additional items to include in the IMP.

Commissioner Chow asked about and declining inpatient activity, noting that it mixes all of the various inpatient uses.

Commissioner Tierney asked about the Breast Health Center at St. Luke's. Dr. Browner responded that the Breast Health Center will remain at St. Luke's.

Commissioner Sanchez commented that the IMP provides an excellent history of the service CPMC has provided to the City since it opened more than a century ago. He added that this represents a plan to provide for the health care needs of San Francisco over the next 100 years.

Commissioner Melara expressed concern for the Lewin Report's recommendation. She also expressed concern about the members of the community who were not contacted in putting together the report. She wants the voices of those who were left out to be heard. She also noted the movement of beds away from the California and St. Luke's campuses.

Commissioner Chow expressed his concern about what the Planning Department really does want and need from the Health Commission process. He wondered whether a resolution or a white paper might be needed. He noted that as a result of the legislation, the Commission has an obligation to assess the impact on the healthcare needs of San Francisco. He would like the data the Mr. Gates has about the value that CPMC provides to San Francisco. Secondly, he's interested in the numbers provided by the director of psychiatry. Thirdly, he would like to review the work of the Long Term Care Coordinating Council. Fourthly, he's interested in the issue of subacute care. Finally, he's interested in memorializing the concerns of the community and addressing charity care.

Commissioner Sako noted that the need for medical office buildings versus inpatient care wasn't addressed in the report. She would also like more information on charity care, subacute, and SNF beds are important to her.

Commissioner Tierney noted the importance of noting success, including the strengthening of partnerships with CPMC in the citywide health planning process.

Commissioner Waters agreed with other Commissioner comments on the report, noting that it was more descriptive than analytical.

Commissioner Illig requested that Commissioners provide input on the resolution through Mr. Soos. He recommended "enforceable commitments" as conditional use forwarded to the Planning Commission. He noted his concern with SNF and psychiatric beds and CPMC's charity care commitment. He believes that this should be an EIR on the health impact.

Commissioner Chow asked about the ownership of CPMC assets. Dr. Browner noted that assets are currently held by CPMC, but will be transitioning to Sutter West Bay in late 2009.

Commissioner Illig noted that the Commission's recommendations to Mr. Salvo at Lewin include:

- Clarification of the ownership interest of CPMC's assets.
- Removal of the recommendations.
- Clarification that the Planning Commission is responsible for approval of the IMP.

6) **OTHER BUSINESS**

**COMMUNITY HEALTH NETWORK/COMMUNITY HEALTH PLANNING & EVALUATION COMMITTEE PROPOSAL**

Commissioner Sako presented her proposal to incorporate a Community Health Network committee into the Community Health Planning & Evaluation Committee.

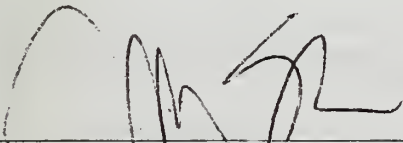
Commissioner Tierney noted the importance of communication given overlap with the Finance Committee.

Commissioner Melara requested that the two-hour meeting be split in half rather than each committee meeting every other month. Commissioner Sako requested that the meetings be time-specific. Commission Melara agreed to try that on a trial basis.

Commissioner Tierney recommended that "Setting Committee Agendas" be included as part of "Other Business" item on the full Commission agenda.

7) **ADJOURNMENT**

The Commission adjourned in honor of Tracy Brown at 5:59 pm.

A handwritten signature in black ink, appearing to read 'James M. Soos', is written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary



## CPMC IMP Review - Findings and Recommendations

## Lewin Group Conclusions

Based on a review of the IMP details, an assessment of city-wide healthcare needs, interviews with community leaders, and discussions with CPMC stakeholders, we view the plans proposed in the CPMC IMP as a proactive measure to ensure the long-term availability of health care services in the City and County of San Francisco.

Although the CPMC IMP does not address a potential city-wide shortage of transitional and skilled nursing service capacity, nor does it aim to improve access to mental health services, the key tenets underlying our support are:

## Key Tenets

- All CPMC inpatient facilities will meet SB 1953 standards by or around 2015, ensuring access to care in the event of a major earthquake
- All general acute-care inpatient hospital buildings must meet at least SPC-2 and NPC-3 requirements so as not to pose a risk of collapsing in a major earthquake (2008 - 2013 w/extension)
- Meet 2030 standards by 2013 with extension
- No CPMC facility currently meets 2030 standards
- "...the penalty for non-compliance with this and all other deadlines is closure of the building for acute-care hospital services."

## Key Tenets

- St. Luke's Hospital will continue to serve as one of only two acute care hospitals located south of Market Street and will do so in a new, SB 1953 compliant facility.
- Core element of the Blue Ribbon Panel recommendations
- Stakeholders, community members and interviewees view St. Luke's replacement as vital to the safety net system
- Conceptual plan meets nearly all Blue Ribbon Panel service requirements

## Key Tenets

- Funding for the construction and renovation program, currently estimated at \$2.3 billion dollars will be almost completely funded through reserves, philanthropy, and operations. No public financing or private placement debt is being planned as a source of project funding.
- Publicly financing this level of program would be challenging
- Debt financing could also be challenging
- California hospital construction costs are double/ triple national averages
- SNF beds are not required to meet SB 1953 requirements

## Key Tenets

- There is an evidence base that supports higher quality outcomes result from the consolidation of tertiary and quaternary services. Hospitals, physicians, and care teams that perform a high volume of procedures are likely to realize better outcomes than lower volume counterparts.
- Pediatrics, Neurosciences and Women's Health will each be delivered in consolidated "Centers of Excellence"



## Key Tenets

- The plan expands access to staffed acute care beds, ambulatory care services, and emergency services without significantly altering patient access patterns
- Nearly 10,000 sq. ft. of additional emergency department space and more than 80,000 additional sq. ft. dedicated to diagnostic and testing services system-wide.
- 113 additional acute care beds and 16 additional rehabilitation beds, offset by psychiatric and skilled nursing bed reductions of 18 and 135 respectively.
- Nine (9) San Francisco Municipal Railway lines and seven (7) regional access points (Golden Gate Bridge, Highway, and Transportation District) within two block radius.
- 2.2 mile relocation from California Campus, less than one mile from Pacific Campus. A significant outpatient presence will remain at the Pacific Campus

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## Conclusion

Our recommendation [for approval of the CPMC IWP] is contingent upon CPMC providing the Long Term Care Coordinating Council with a detailed plan that addresses their role in supporting the needs of transitional care, elderly, and psychiatric patients.

Consistent with the Blue Ribbon Panel recommendations, we believe that CPMC's leadership and organizational know-how can only serve to, in collaboration with public and private organizations, build a sustainable system for the delivery of sub-acute and psychiatric care to the citizens of San Francisco.

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## Questions

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President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

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Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, July 7, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 16, 2009  
*\*Minutes of the meeting of June 16, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION AND PROPOSED ACTION: RESOLUTION DECLARING FINDINGS ON CALIFORNIA PACIFIC MEDICAL CENTER'S INSTITUTIONAL MASTER PLAN  
(Commissioner James M. Illig, President)  
*\*Resolution*





- 7) **FOR DISCUSSION:** **FY 2009-10 BUDGET UPDATE**  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 8) **FOR DISCUSSION:** **REPORT BY SAN FRANCISCO FOOD SYSTEMS ON  
IMPROVEMENTS TO THE SCHOOL MEALS  
PROGRAM**  
(Paula Jones, Director of Food Systems, Environmental Health  
Section)  
*\*Report*
- 9) **OTHER BUSINESS\*\*\***
- FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
- FOR DISCUSSION AND  
POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**
- FOR DISCUSSION AND  
POSSIBLE ACTION:** **EXECUTIVE SECRETARY POSITION**
- 10) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to





accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sof@sfgov.org](mailto:sof@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, July 7, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:07 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia A. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine A. Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 16, 2009

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of the June 16, 2009 meeting with the following addition to Judy Li's public comment: "She also cited the coordinated effort that CPMC has with NEMS and its Healthy San Francisco program, and its partnership with Chinese Hospital for obstetrics, pediatrics, and tertiary services, and that CPMC is committed to continue to work with NEMS and to continue its partnership with Chinese Hospital."



### 3) DIRECTOR'S REPORT

#### **Budget Update**

This past week the Budget Committee held its final hearings on the 2009-10 fiscal year budget. During a late night session, the Committee made a number of changes that are likely to affect our programs and staff. While we are still early in the process of determining the exact impact of these budgetary shifts, we do know that the Budget Committee did not support contracting out Jail Health services, and voted to restore many cuts to both civil service positions and non-profit contractual services. However, there are also cuts to civil service positions that will take effect later this fiscal year. We anticipate that there will be additional skill mix conversions related to CNAs and we will also be facing cuts to our clerical series and other classifications. At this time, we do not have all the specifics, but we are working as quickly as possible to understand the implications related to position cuts and the individuals who occupy them, and the services provided. Staff should keep in mind that layoff protection was obtained by many bargaining units through mid-November, and the budget is not yet final. I will provide updates as information becomes available.

As I have mentioned a number of times before, this budget year has been the most difficult process in anyone's memory. I am comforted by the continuing commitment I see every day in the staff who are working harder and longer and under increasingly stressful conditions to keep doing the important jobs they have keeping the public and our patients safe. It is this generosity of spirit and nurturing of good public health values that are the core of our employees and those who have made public health their passion. I am grateful to our staff for their enduring commitment to this public health mission that we share and thank them once again for their on-going support for our patients, our programs and, most important of all, for each other. These are difficult times.

This is, undoubtedly, the best Department of Public Health in this nation. Regardless of our economy and its future, I am proud to be the Director of the San Francisco Department of Public Health and look forward to working with my staff as we show this City our very best efforts and our own San Francisco resilience

#### **Medical Respite & Sobering Center Open**

The new and consolidated Medical Respite and Sobering Center—with 45 respite and 12 sobering beds—opened with a Mayoral visit and press conference on July 1 at 1171 Mission St. The Center is also the new home of the Community Awareness and Treatment Services (CATS), our long-time community-based partner in delivering services to the hardest to reach men and women who live primarily on the street.

The Medical Respite and Sobering Center provides an important alternative to costly emergency care and also links individuals to longer-term residential options. Its project was helped along by a generous award of \$250,000 from the Kaiser Permanente Community Benefits program that supported the renovation of the facility and saw an un-met need in the community to help people who are homeless avoid long hospital stays. Ten acute care hospitals throughout the City discharge patients directly to the Center, preventing hospital beds from becoming temporary housing for homeless patients who are well enough for hospital release but still in need of recuperative care. At the same time, the Center has become a viable option for short term sobering and stabilization services for alcohol-dependent persons thereby decreasing ambulance trips to emergency departments and over-use of emergency medical staff. One of the great efficiencies of the respite-sobering combination is the cross over and sharing of on-site medical staff such as clinicians, nurses and social workers who can deliver appropriate medical services to the clients whose needs are similar during their stay at the Center.

Many thanks to Marc Trotz and Barbara Garcia for their hard work and leadership in making this Center become a reality. A special thanks to Wolfgang Stuwe whose consistency and oversight of the project ensured that the renovations adhered to the program's vision and the architect's plans. Finally, we are grateful to Tae-Wol Stanley and Michelle Schneiderman, MD, who coordinate and oversee the daily activities and life-saving programs that are the hallmark of the Medical Respite and Sobering Center. We are justifiably proud of this Center and believe that it will not only save hundreds of thousands of dollars each year, but many lives will be turned around because of the care and programs the Medical Respite and Sobering Center delivers.

### **SFGH Earns NICHE Designation**

The Hartford Institute for Geriatric Nursing at the New York University College of Nursing has recently designated San Francisco General Hospital and Trauma Center as a geriatric specialty center, continuing a nursing initiative designed to build staff skills to serve an aging patient population.

The designation earned, NICHE, (Nurses Improving Care for Healthsystem Elders) makes SFGH the third hospital in the Bay Area to participate in a national program to improve care for older hospitalized adults. Recognizing the national scarcity of geriatric-trained nurses, the goal of NICHE is to improve the care of older people by focusing on important clinical issues such as falls, use of restraints, pain, skin breakdown, wounds, use of advance directives and family involvement in decision-making.

To meet the challenges of our aging population, SFGH will undertake a number of steps to recognize and prevent or treat health problems specific to elders. The hospital's first phase has already begun by providing education to a core group of 80 "Geriatric Resource Nurses," who will become leaders and role models to their peers on the inpatient units.

The new NICHE designation dovetails with the hospital's Acute Care for Elders (ACE) unit that opened in 2007. The ACE unit is the only one of its kind in California and is expanding from 12 to 24 beds and will include patients requiring specialized cardiac care starting this fall.

### **Mayor's Alzheimer's Summit**

San Francisco General Hospital and Laguna Honda Hospital & Rehabilitation Center are among the community organizations participating in the Mayor's Alzheimer's Summit. Laguna Honda Clinical Nurse Specialist Gail Cobe and Edgar Pierluissi, MD, from San Francisco General Hospital, serve on the Mayor's Task Force. They will be developing public policy to address the growing number of Alzheimer's cases. The Task Force will present its report at the all-day Summit scheduled for July 8 at City Hall.

### **Healthy San Francisco Wins Consumer Action Award**

We are pleased once again to announce another award for the Healthy San Francisco program. Consumer Action, a national non-profit education and advocacy organization whose primary interest is in financial literacy and consumer protection, presented its "Consumer Excellence Award" to Healthy San Francisco at its annual awards night on June 24 here in San Francisco. Tangerine Brigham accepted the award on behalf of Healthy San Francisco.

### **Soda Free Summer Update**

At the June 2 Health Commission meeting, the Commissioners passed the 2009 "Soda Free Summer" resolution, encouraging San Francisco residents, especially parents and children, to



eliminate or decrease the amount of soda consumed during the summer. Soda Free Summer is a Bay Area initiative and has grown into a popular campaign that has produced successful, measured public health results.

As a follow up activity to this year's campaign, Jennifer Siebel Newsom, First Lady of San Francisco, Shape Up SF and First 5 San Francisco are urging young children to "rethink your drink" this summer and go soda free. Kids are being encouraged to choose healthier beverages like tap water over soda and other sweetened drinks. To help families break an unhealthy habit, the Soda Free Summer campaign is distributing free copies of the children's book "'Drink Water!' Said the Otter," and an accompanying instructional toolkit to preschools and child care centers, as well as parents and caregivers of children ages 5 and under. The campaign is also providing Soda Free Summer brochures to more than 20,000 students in the San Francisco Unified School District to encourage kids to take the soda-free pledge.

### **Preventing Hepatitis A & B**

The Communicable Disease Prevention Unit (CDPU), along with the national "HepTeam" collaborative, gave 360 hepatitis A and B vaccinations during Pride weekend.

### **Communicable Disease Teams Up with Vital Records and Travel Clinic**

On July 8, a pilot project will be starting between Vital Records, the Adult Immunization and Travel Clinic, the San Francisco Immunization Coalition Pertussis Task Force and our Communicable Disease Prevention Unit. Vital Records will be distributing tri-lingual pertussis (whooping cough) prevention flyers to those who pick up birth certificates for infants. The flyers contain two coupons and discuss the importance of being protected from pertussis in adults who are around infants. For protection, adults should go to their own doctor for a Tdap vaccination, or they can use the coupon and go right across the hall to the Adult Immunization and Travel Clinic and receive a Tdap immunization for \$35. The project will be evaluated and, if successful, marketed for statewide replication at local health departments.

### **Internet Posting Blog about HealthySF**

"As a long-time resident of San Francisco I had heard several times about a program called Healthy San Francisco, which purported to be a kind of health insurance....". So begins a compelling diary from a HealthySF member, detailing his experience signing up for the program and ultimately being treated for a kidney tumor at San Francisco General Hospital. Nothing any of us who created or administer the HealthySF program could possibly say would eclipse the moving testimony found at <http://www.dailykos.com/storyonly/2009/6/23/746067/-How-the-Public-Option-Saved-My-Life>. I urge the Health Commissioners to read this posting and the comments that follow it. We are grateful to this blogger for his willingness to share his story and we wish him well in his recovery.

### **Summer Interns Bring Fresh Energy to DPH**

The San Francisco Department of Public Health has always been fortunate to attract many fine students who are looking to do summer internships with our programs and staff. Sometimes these positions come with a small stipend, but, more frequently, interns come as volunteers. We are grateful to these students who help us expand our own reach into the community, whether through research or more practical work experience. Following is a sampling of the interns working this summer. I was very impressed with the range of ages, background and training that our team of interns brings to the Department and thank them for their interest in public health and wish them continued success in their future studies and careers.



Olivia Chang is an MPH student from the UC Berkeley School of Public Health, Infectious Disease Program working in TB Control with Jennifer Grinsdale, Program Manager/Epidemiologist. Olivia is working on a epidemiology project looking at the negative predictive value of QuantiFERON in children less than 15 years of age. She will be with us for a total of 12 weeks and during her time with us will also be taking a Program Management course from the Francis J. Curry, National TB Center.

Alyson Weber is an MPH student from UC Berkeley School of Public Health, Infectious Disease Program working in STD Prevention & Control with Jeff Klausner, MD, Director of STD Prevention & Control. Alyson is leading several projects including the evaluation of online prescriptions for emergency contraception, Plan B; online prescriptions for the epidemiologic treatment of sex partners exposed to chlamydia or gonorrhea and the use of oral fluid for the diagnosis of acute HIV infection and the determination of HIV resistance. She is also spending time with local investigators and outreach specialists to go out into the field and see the benefits of real-world public health in action during patient disclosure, field-delivered treatment and partner notification activities and street-based outreach at community events, fairs and sex clubs.

Paul Adamson, MPH, is working this summer in the STD Prevention & Control program and is also a State of California Epidemic Intelligence Service Officer. Paul is building his skills in clinical research in a public health setting, coordinating several trials to improve the diagnosis of sexually transmitted diseases. "On call" for disease outbreaks in California, Paul will also have the opportunity to investigate and respond to public health emergencies under the guidance of the California Epidemic Intelligence Service program.

Andrey Ostrovsky is a medical student from Boston University who just completed his third year. He took a year off from medical school to come to San Francisco to participate in a Doris Duke Research Fellowship at UCSF and simultaneously volunteer with the DPH. He is working with Anne Kronenberg in the Office of Budget and Planning to develop a Health Report Card for the city of San Francisco. Andrey will be analyzing various health indicators to summarize the efficacy of health interventions throughout the city. The summary data will be used as a metric to gauge the city's progress in addressing health issues and in planning future health interventions.

Grace Alderson just graduated from Pitzer College in Claremont, CA where she studied Anthropology and Spanish. Last summer, Grace worked at Children's Hospital Los Angeles researching policy on mental health, intervention models, and nutrition programs. She is spending her summer with the Office of Policy and Planning, working with Rebecca Varela on emergency preparedness and other policy issues. In addition, Grace is assisting Jim Soos with his duties as acting Health Commission secretary.

Earlier this past month, Rachel Rees, a DrPH student at UC Berkeley School of Public Health, paired up with Sally Liska, Director of the Public Health Lab here at 101 Grove St. Rachel wanted experience working in both a local public health lab and at the state health lab level. In addition to the traditional public health lab duties and activities, Rachel also spent some time focusing on the financial aspects of public health lab management, looking at revenue streams and creating and managing a budget. She has since moved on to work at the California State Lab in Richmond.

Jody Davis is an undergraduate at UC Davis working with Anne Kronenberg in the Office of Policy and Planning. Jody is compiling information, reports and data for the 2008-09 Annual Report and is working with community partners planning the upcoming "Big Rumble" event to mark the 20<sup>th</sup> anniversary of the Loma Prieta earthquake.

Adrienne Von Schulthess is a 16 year old high school student from the Urban School whose interest in journalism and politics has her working three days a week with the Department's communications staff. Adrienne has been attending press events, organizing materials, assisting with Health Commission duties and will be creating a local business flyer for the influx of new workers who will be building the new San Francisco General Hospital.

#### **Barbara Wismer, MD, Elected Chair of National Network**

Congratulations to Barbara Wismer, MD, medical director at Tom Waddell Health Center, who was elected as Chair of the Healthcare for the Homeless Clinicians' Network at the National Health Care for the Homeless Conference in Washington DC. The Health Care for the Homeless Clinicians' Network is the nation's leading organization connecting hands-on providers from many disciplines who are committed to improving the health and quality of life of our homeless neighbors.

#### **Araceli Theatre Project**

The Araceli Theatre Project is once again presenting an original production reflecting the complex personal, political and spiritual elements surrounding the cancer experience. This season's performance is entitled "Life...is 4 Living!" and will be presented on July 15 at Carr Auditorium and on July 17 & 18 at the Mission Cultural Center. The production was written by Donald E. Lacy, Jr., director, and a multi-cultural collective of cancer patients who face tremendous challenges related to their personal economies, diagnosis and expanding medical needs. The project is a component of CARE (Cancer Awareness, Resources and Education) program of San Francisco General Hospital.

In addition to the items above, Dr. Katz also provided an update on H1N1 influenza. There continue to be a large number of cases. The Department is encouraging persons with symptoms to stay home, and encouraging only those with severe symptoms to report to health facilities. In San Francisco, there have been 35 confirmed and probable cases with several deaths in San Francisco and the Bay Area. Epidemiology of H1N1 is different than that of the seasonal flu. Usually, influenza only kills aged individuals and those with underlying conditions. H1N1 is striking younger and middle aged individuals. This could be due to differences in underlying immunity. In addition, there has been a resident of San Francisco who in Hong Kong was diagnosed with H1N1 resistant to Tamiflu. This is only the third case of resistance worldwide. There are no direct implications in San Francisco, since the person is still in Hong Kong. There is a concern that there may be quite a bit of influenza in the coming flu season, but H1N1 does appear to grow easily for vaccine production.

#### Commissioner Comments/Requests for Follow-Up:

Dr. Sanchez noted that there is a lot of academic interest in this influenza outbreak at UCSF and UC Berkeley.

Commissioner Chow asked whether the H1N1 vaccine will be incorporated into the seasonal flu vaccine and whether it will require multiple vaccinations. Dr. Katz responded that he does not yet know whether it will be incorporated into the seasonal flu vaccine or whether it will require two vaccinations. He believes those decisions are still under discussion.

Commissioner Waters commended SFGH on its NICHE designation.



4) **GENERAL PUBLIC COMMENT**

None

5) **FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the activities of the Finance Committee.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Calendar of the Finance Committee.

6) **RESOLUTION DECLARING FINDINGS ON CALIFORNIA PACIFIC MEDICAL CENTER'S INSTITUTIONAL MASTER PLAN**

Commissioner James M. Illig introduced the item, noting that the Lewin Group was hired to provide a 90-day study on the health implications of the CPMC IMP. The report has been forwarded to the Planning Department. Today's hearing is for the Health Commission to make a statement to the Planning Department and the Board of Supervisors.

Commissioner Illig also announced that he met with City Attorney regarding the role of the Commission in the IMP process and regarding Commissioners' potential conflict of interest in taking action on the IMP. According to the City Attorney, the Health Commission does not approve or disapprove the IMP, but only weighs in on the health impacts of the IMP. The Department is to analyze the relationship between the City's long term health care needs and facility planning for medical institutions in order to provide the Planning Department with perspectives for review of master plans to help prevent loss of service and inefficient or redundant development of services. Because there is only a remote connection between the Commissioners and the IMP process, there is no conflict of interest for any Commissioner.

Public Comment:

Marianna Ferris, a St. Luke's neighbor requested that the language in the resolution requiring that substantially more beds be built be stricken from the resolution. What the neighborhood needs is emergency department and outpatient services.

Pierre Gasztowtt of the Cathedral Hill Neighbors Association noted that the site is small and that traffic is heavy. He requested that St. Luke's be rebuilt at an appropriate size.

Marlayne Morgan with Cathedral Hill Neighbors questioned the evidence that tertiary care and quarternary care consolidation is improved.

Jonica Brooks, an RN at CPMC urged that the resolution be voted for approval in its entirety, espccially the call for more skilled nursing beds. Any verbal agreement that CPMC makes needs to be in writing.

Nato Green, California Nurses Association, urged that the resolution be approved as written. The CPMC IMP and Lcwin report did not provide enough evidence for the plan as written. Why should it be okay to move services traditionally provided at St. Luke's to another CPMC campus while it's not okay to move services from other CPMC campuses to St. Luke's.



Jane Martin, California Nurses Association noted that St. Francis provides significantly more charity care than does CPMC. The rebuild so close to St. Francis will siphon off paying patients from St. Francis to CPMC.

Michael Garlinger, of CPMC spoke in favor of the CPMC rebuild. The Tenderloin would be served well by the rebuild on Cathedral Hill.

Jessica Eads, Director of Women and Children's Services at CPMC noted that the new hospital will double CPMC's ability to care for new babies and mothers in private room. New St. Luke's will provide for better care for newborns as well.

Grant Davies, Sr. Vice President of Operations for CPMC spoke on behalf of Dr. Warren Browner. He noted that the proposed resolution poses several broad concerns for CPMC. CPMC has committed to address charity care, post acute care and psych. bed availability, and the viability of the St. Luke's campus and to find workable solutions. CPMC's planning process has been inclusive, transparent, and respectful. Asks that resolution not be adopted.

Laura Norell, Director of Ob/Gyn at St. Luke's Hospital, noted that the Blue Ribbon Panel was a groundbreaking process. She noted that the hospital will remain open during the rebuild and will be rebuilt with all private rooms.

Sam Michaels, Vice Chief of the Medical Staff at CPMC stressed: 1) That the integrated IMP model is financially viable and clinically sound. 2) That the plan optimizes continuity of patient care. 3) For the long-term, St. Luke's needs a solid network of physicians.

Russ Braun, Chief of Emergency Services at St. Luke's, noted the level of service provided by St. Luke's Emergency Department. Volume continues to increase. He questioned what would happen to the 30,000 Emergency Department patients seen at St. Luke's without a rebuilt St. Luke's.

Diana Karner, Chief Nursing Officer at CPMC noted that quality care requires collocated subspecialties. Specialty services must be provided in a consolidated clinical setting. Urge approval of IMP as written.

Mickey Rockeach, an emergency medicine physician spoke about emergency care and need for CPMC to be rebuilt as the IMP proposes. If San Francisco wants state-of-the-art care, it makes no sense to divide the hospital into two

Scott Plymale, Executive Director of the Community Health Resource Center spoke in favor of the CPMC rebuild as proposed. Many of the service they provide would not be available without CPMC.

Andrea Saint-Prix spoke as a CPMC patient. She noted the competence of and quality of care she received through CPMC. Her son was born premature at CPMC and he received exceptional care at CPMC. She noted how much easier it would be to have care available at one facility.

Ted Fang, Director of Asian Week Foundation spoke in favor of the CPMC rebuild. He noted that CPMC has worked extensively with the community including through the SF Hep B Free program and the Asian Heritage Festival.

T.J. Hoeft, a traveling nurse spoke in favor of CPMC rebuild. He has worked at Pacific, Davies and St. Luke's campuses. He noted the need for private rooms.

Ray Ju an SF resident and native, and a member of the Integrated Project Delivery design testified that he helped write the IMP. He's been a patient of CPMC and has always received excellent service there. He requested that the Commission consider CPMC's plan an investment in the city's future.

Derek Parker, an architect and CPMC patient noted the quality of care of CPMC but the dismal state of the current facility. He noted that the room was too small for a chair, and his wife needed to bring a camp stool when visiting.

Jane Sandoval spoke in favor of the resolution. She works at St. Luke's in the Emergency Department. St. Luke's needs more rooms.

Susan Blaschak, a nurse at CPMC noted her concern with having everything located at one location. She's concerned about the closure of SNF and psychiatric beds and the lack of services South of Market. She noted the need to have everything in writing.

Jason Fried, Coalition for Public Health Planning. He supports the resolution and paper as written, but would like to add that the Lewin report does not consider alternatives. Since the last Commission meeting, CPMC held a community meeting that proposes removal of the 57 building.

Lucy Johns, health planner, testified, "Planning for hospitals is hard. They're big, they're expensive, years of lag time are always involved. I want to thank the Commission for keeping the question of how many beds are needed in the forefront of discussion of the CPMC IMP. Keeping people OUT of hospitals has to be a key goal of the Commission and of all providers who come before them. This applies to discussion of replacement of St. Luke's as well. People south of Market need ambulatory services above all. Just to emphasize how tricky the bed need issue is: Healthy San Francisco, the Department's and especially Tangerine Brigham's amazing creation, has reduced patient days and emergency room visits significantly. Here's the reference: *Healthy San Francisco Has Increased Access, Reduced Utilization, Cheryl Clark, for HealthLeaders Media, July 2, 2009. 'Healthy San Francisco, held up as a model employer 'pay or play' strategy is two years old today-and its supporters view the program as a possible solution to the nation's 47 million uninsured. The program has added 43,000 of 60,000 targeted San Franciscans to its rolls since it began and has been adding about 1,800 people per month. The earliest participants in the program appear to have reduced their need for the most expensive kinds of healthcare, such as emergency room care. For example, the number of hospital declined from 103 to 61 per 1,000 participants.'* Statistics like this underline the importance of analyzing bed numbers in the IMP, in terms of patient age and diagnoses, plus advances in medical technology, something the Lewin report did not do. Please keep hammering on this. The cost and quality of care in SF for decades depends on your doing so. Thank you."

Mary Micaluchi, a nurse for 35 years, noted that St. Luke's currently does not have enough staff or facilities to serve the patients that it currently receives. She believes that 86 beds is designed for failure.

Catherine Dodd, of the Mayor's Office noted that she was a member of the Blue Ribbon Panel. The Commission has received its report from the Lewin Group. She requested that the discussion paper



be forwarded to the Planning Department rather than the draft resolution. She believes it provides for a richer discussion and better demonstration of the richness of the consideration.

Roma Guy, also a member of the Blue Ribbon Panel, and a patient and neighbor of St. Luke's noted that the tone of the resolution could be changed, but requested that the Commission forward a resolution and not just the discussion paper to the Planning Commission. She believes that the issue of equity and non-profit status needs to be included.

Tony Rodriguez of the Sprinkler Fitters 483 spoke in favor of the IMP. He has used a number of the hospitals in San Francisco. He believes that a new hospital is required. He also represents a thousand construction workers, all of whom need work on a project of this size.

John Rocha, of Ironworkers Local 377 spoke in favor of the master plan for CPMC. They are in dire need of jobs in the Bay Area. The Bay Area is well known for medical care, which needs to be continued.

Ted Hoffman, a native San Franciscan and local business owner. He's also a board member of the CPMC Foundation. He believes in the mission of the hospital. His family has used CPMC services over many years. Staff deserves upgraded facilities as do patients. He requested support for the CPMC IMP.

Joel Koppel of the San Francisco Electrical Contractor's Association spoke in favor of the CPMC IMP. He's not only concerned about jobs, but also about the quality of healthcare in San Francisco. He believes CPMC has done its due diligence.

Paula Lykins, spoke on behalf of a foundation board member, Roy Eisenhart. He requested support for the IMP. As a citizen and as a volunteer, he requests that the Commission support the IMP.

Kevin McCormack, Media Relations director of CPMC spoke on behalf of two doctors and a patient of CPMC. He noted that the staff does a wonderful job in spite of the outdated facility.

Judy Li of CPMC administration noted that the discussion paper applauds CPMC's effort to support Healthy SF, but raised concerns about CPMC's \$1 million cap. CPMC was asked to adopt NEMS for its inpatient care. She continues to work closely with DPH staff on Healthy SF and continuity of care. Secondly she noted a fundamental shift at CPMC. CPMC has been responsive to community concerns throughout the IMP process. During the Blue Ribbon process, CPMC went out to the community many times. She requests that the Commission not adopt the resolution.

Goeffrey Nelson, Director of Enterprise Development at CPMC, noted that the findings in the resolution are not supported by analysis. He notes that there has been an analysis of a larger number of beds at St. Luke's. Viability is not dependent upon the number of beds. The ED, ob, and ICU will be significantly enlarged. Do not adopt the resolution, but forward discussion paper.

Thomas Robert Simpson spoke in favor of the CPMC IMP. He's director of Afro Solo, an African-American arts groups, which does a health fair. CPMC was the first partner for the fair. They currently have about 1,000 participants in the health fair. He asked that uninsured do receive care and enhance the charity care budget.



Joseph Smooke spoke in support of the resolution. He asked whether San Francisco needs a large high-end hospital on Van Ness or a more equitable distribution of health services throughout the City. Alternatives need to be studied.

Reiko Furuya, a nurse at St. Luke's ICU. She believes that CPMC is undermining the number of patients at St. Luke's in order to build a smaller facility. Please support the resolution as written.

Terrence Dunnigan, an ironworker and San Francisco native, noted that his children were born at and he has received care at CPMC. He noted that parking is a problem at the current facility. Members of his union are not working. He requested support for the CPMC rebuild.

#### Commissioner Comments:

Commissioner Sanchez requested clarity on the Commission's scope with regard to the IMP process. He does not believe that a resolution is the vehicle to move forward. Commissioner Illig responded that he would like to focus on what should be said in the discussion paper. The vehicle to carry it forward will be discussed later.

Commissioner Melara noted that the Commission supports the process because there is the need for state-of-the-art health care in San Francisco. She understands that there are a lot of unanswered questions, but believes that the Health Commission can outline what those questions are for the Planning Commission.

Commissioner Sako noted that she supports a new state-of-the-art facility, and that the process outlines the strengths and weaknesses of CPMC. The weaknesses are the decline in the number of psych, subacute and SNF beds, and support for charity care and Healthy SF. She is also concerned that there are not two pots of money for St. Luke's and Cathedral Hill. She believes that if there is not enough funding for two hospitals, that St. Luke's should not suffer as a result. She also has concerns about traffic on the Van Ness corridor. She does not want community partnerships and charity care suffer.

Commissioner Chow added that financing may be a concern given that there are two facilities being rebuilt. He believes a strength is that CPMC has reversed its decision and will rebuild St. Luke's. He noted that CPMC has committed to ongoing support for ob/peds specialty care for Chinese Hospital patients. He noted that the Commission needs to give the health context to the Planning Commission, which is not familiar with health planning.

Commissioner Sako requested that the Planning Commission report back to the Health Commission on the outcome of the IMP.

Commissioner Chow requested that the Planning Commission review the plan with the Health Commission in a collaborative process.

Dr. Katz noted that what's missing from the discussion paper and the resolution is how this moves forward. He noted that in all of the public comment, no one has recommended not rebuilding the hospitals. No one favors closure without rebuilding. Given disagreement about the future, we should be on the side of helping resolve that so the hospitals get rebuilt. The biggest land use issue is whether we need a 555-bed hospital. CPMC believes that collocating specialists provides a patient-care synergy, which improves quality, and there is medical literature to support that. UCSF faced that same decision, but chose a different solution due to inability to financial considerations.

The other items concern what the City wants from CPMC for its tax exempt status. Dr. Katz suggested that the Health Commission give CPMC and the Planning Commission advice on how to build these hospitals rapidly and how to resolve the disagreements and trust issues.

Commissioner Illig questioned the need for a 555-bed hospital from quality and efficiency perspectives when CPMC is doing well on both accounts with four separate campuses. He also questions the "global healthcare destination" argument, when it is the role of the Commission to protect and promote the health of San Franciscans. He believes the issues for the Commission are SNF, subacute, and psych. beds; St. Luke's viability; and charity care/Healthy SF/Chinese Hospital contributions.

Commissioner Sanchez stated that he supports CPMC as world-class medical destination.

Commissioner Tierney recommended withdrawing the resolution and drafting a set of Health Commission recommendations to the Planning Commission and the Board of Supervisors.

Commissioner Melara stated that the role of the Commission is to move the matter forward. She supports turning the discussion paper into a series of recommendations.

Commissioner Waters stated her agreement with Commissioners Tierney and Melara, and believes that the Commission should draft recommendations after sitting down to discuss concerns with CPMC.

Commissioners Illig, Melara, and Tierney agreed to meet with CPMC prior to the next Health Commission meeting to draft a set of recommendations for approval at the July 21, 2009 Health Commission meeting to forward to the Planning Commission and the Board of Supervisors. Other Commissioners agreed to forward to Mr. Soos their suggestions for recommendations to include in the final document.

## **7) FY 2009-10 BUDGET UPDATE**

Gregg Sass, CFO presented the FY 2009-10 Budget Update. A copy of his presentation is attached and hereby incorporated into the minutes of the meeting.

### **Public Comment:**

Ed Warshauer of SEIU 1021 testified, "SEIU's position regarding the \$500,000 add-back for CNA Restoration, as unanimously approved by the Budget Committee's vote on July 1, 2009, is that these funds are to be used for the restoration of the 88 Certified Nursing Assistants now at SFGH who were demoted to the "PCA" classification. These employees should be reinstated into the Nursing Assistant classification by August 15, 2009. In our view the labor market has historically discriminated against occupations filled predominantly by women and/or persons of color. Fortunately, SF voters and elected officials have resoundingly rejected this insidious form of discrimination. Under the leadership of Mayor Diane Feinstein and others, SF proudly blazed a trail implementing equal pay for equal worth. From 1987-1999 SF gradually implemented equity increases, based on the principles of comparable worth, for those classifications, including the Nursing Assistant classification. These gains should not be a casualty of the current budget and economic crisis. We will join with DPH staff, Health Commission members, SF elected officials, labor and community groups, and the public-at-large to gain common sense revenue measures to protect health services and defend the principle of equal pay for women and persons of color."



Commissioner Comments/Requests for Follow-Up:

Commissioner Illig asked whether the salary structural problem at SFGH was funded. Mr. Sass responded that part of all of the structural items were funded, but not entirely.

Commissioner Illig noted that he has spoken with the City Attorney's office about the role of the Commission on mid-year cuts. According to the City Attorney, the Health Commission has the same role in mid-year cuts as it does in the budget process, which means mid-year cuts are presented to the Commission for approval before forwarding to the Mayor's Office.

8) **REPORT BY SAN FRANCISCO FOOD SYSTEMS ON IMPROVEMENTS TO THE SCHOOL MEALS PROGRAM**

Paula Jones, Director of Food Systems, Environmental Health Section and Zetta Reicker of the San Francisco Food Systems presented on the San Francisco Food Systems and improvements to the school meals program. A copy of their presentation is attached and hereby incorporated into the minutes of the meeting.

Commissioner Comments/Requests for Follow-Up:

Commissioner Waters asked about incorporating health outcome studies into the school meals program. Ms. Jones noted that they are looking into a potential collaboration with UCSF and the Robert Wood Johnson Foundation. Commissioner Waters commended Ms. Jones and Ms. Reicker on their work.

9) **OTHER BUSINESS**

**JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Sako reported on the Laguna Honda Joint Conference Committee meeting of June 24, 2009:

For the 3<sup>rd</sup> straight year, LHH passed the CA Department of Public Health site survey. The staff, administrators, and medical staff endured the grueling examination by multiple surveyors, and came through with flying colors.

LHH is preparing for a Department of Justice visit in August. This is the second visit by the DOJ to ensure that LHH is adhering to the 2008 settlement agreement. This is the final phases of a 12 year case. The 1<sup>st</sup> visit took place in early 2009 and found LHH in full compliance. This is supported by the fact that LHH is leading the state and national benchmarks, and regulatory standards for quality indicators. John Kanaley and Mivic Hirose led this phenomenal turn-around. With Mivic's appointment to CEO, she and the staff are committed to carry on John's work.

The rebuild is on track. In October two buildings will be completed, in December the third building will be done. In 2010, January – April, LHH will be inspected, licensed, outfitted and tested, and staff will be trained. The actual move-in will take place on April 20<sup>th</sup> and 21<sup>st</sup>. Any and all commissioners are invited to tour the site at any time.



The 2009 Annual Report will be presented at the next Commission meeting. It will review the 2008-09 accomplishments and detail our new 2009-10 strategic goals: Resident Success, Healing Environment, Community Partnerships, and Innovative Excellence.

Commissioner Chow reported that Dr. Todd May has taken over as Chief of Staff at SFGH, replacing Dr. Jeff Critchfeld.

### **COMMITTEE AGENDA SETTING**

The July 21, 2009 Citywide Health Planning and Effectiveness Committee will take place at Laguna Honda Hospital prior to the Commission's annual meeting at LHH, and will address the effects of the Behavioral Health cuts and follow-up by Barbara Garcia on the Community Stakeholder Planning Process.

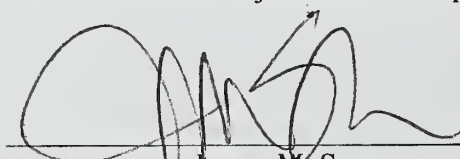
The Commission also agreed to a closed session on July 21 to undertake Dr. Katz's personnel evaluation.

### **EXECUTIVE SECRETARY POSITION**

Dr. Katz reported that Anne Kronenberg has identified a Public Service Aide (9924), a recent college graduate, to provide temporary support to the Commission while doing a search for a permanent replacement. He also recommended that the Commission hire a half-time position, which would be easier to get requisition released. This item will be discussed further at a later Commission meeting.

### **10) ADJOURNMENT**

The Commission adjourned at 7:38 p.m.

  
\_\_\_\_\_  
James M. Soos  
Acting Health Commission Executive Secretary

San Francisco  
Department of Public Health  
Budget Update  
FY 2009-2010

## Budget Overview

	Myers Budget Total	Budget Analyst	Budget Committee	Submitted To BOS
Increases to Revenue	\$ (107,312,458)	\$	\$	\$ (107,312,458)
Inflationary Increases	2,662,320			2,662,320
Regulatory Increases				
Structural Increases	5,773,608			5,773,608
Reductions	(7,052,099)	(1,175,209)	25,737,273	(42,490,035)
New Initiatives	560,849			560,849
Total Reduction to General Fund	\$ (165,367,610)	\$ (1,175,209)	\$ 25,737,273	\$ (140,805,745)

The Board of Supervisor's will consider the budget at the July 14 meeting.

## Budget Analyst Cuts

\$ 235,443	SFGH - Overtime plus Fringe Benefits.
34,372	SFGH - Vacant Clerk Typist plus Fringe Benefits.
42,324	LHH - 0.46 FTE Vacant Health Worker IV plus Fringe Benefits.
79,300	LHH - Premium Pay plus Fringe Benefits.
29,019	Central Admin - Premium Pay plus Fringe Benefits.
137,138	Primary Care - Attrition Savings, & Premium Pay plus Fringe Benefits.
64,004	Primary Care - Vacant Industrial Hygienist plus Fringe Benefits.
69,680	Mental Health - Premium Pay plus Fringe Benefits.
71,761	HUW - Scattered Site Housing
20,000	HUW - Other Current Expenses
159,065	Children's Baseline - Attrition savings plus Fringe Benefits
183,103	Adjustments to Materials and Supplies
\$1,175,209	

## Budget Committee Restorations

	Reduction	Restoration	Remaining
Security Outsource	\$ (1,620,078)	\$ 1,620,078	\$
Jail Health Outsource	(13,469,728)	13,069,728	(400,000)
HIV/AIDS Housing Subsidy	(559,399)	559,399	
MH Single Standard of Care	(707,252)	707,252	
Behavioral Health Contract Reductions	(3,005,592)	3,005,592	
Behavioral Health RFP	(4,000,000)	4,000,000	
HIV Benefit Counseling and Advocacy	(230,133)	230,133	
HIV Outreach and Testing	(283,232)	214,162	(69,140)
Drug Court Assessment & Referral	(125,000)	100,000	(25,000)
Vocational Services	(1,000,000)	400,000	(600,000)
Relocation of SE Mission Geriatric Clinic	(36,646)	36,646	
CATS Mobile Assistance Patrol	(358,607)	300,000	(66,607)
Position Reductions and Conversions	(8,811,575)	800,000	(8,311,575)
GRO Collaboratives	(750,000)	738,000	(14,000)
Support for Victims/Families of Violence		25,000	25,000
IT Contract Reductions		(723,386)	(723,386)
Primary Care in the Mission		150,000	150,000
Total	\$ (35,772,043)	\$ 25,737,273	\$ (10,034,770)

## Unfunded Items

SFGH Infection Control Surveillance Worker, Materials and Supplies	\$ 143,000
LHH Salary Structural Shortfall	696,717
LHH Pharmaceutical Shortfall	900,000
CBHS Community Placement Shortfall	5,034,998
CBHS Salary Structural Shortfall	35,000
LHH Utility cost for new facility	256,000
Dept Wide IT Expenses	777,583
Attrition Adjustments	4,500,000
Total	\$ 12,343,298

Although we met budget targets and funded each of these items with revenue, these were not funded in the final budget. Our total appropriations will be less than expected spending by this amount.



# Public Health and School Food in San Francisco

Update from Environmental Health and SF Food Systems

July 7, 2009

## Overview

- ◆ The role of school food in health
- ◆ Background on SFUSD school meals
- ◆ Pressing challenges
- ◆ History of DPH and SFUSD School Food
- ◆ Updates – salad bar program and Balboa High pilot
- ◆ Next steps
- ◆ Questions

## School food/public health

- ◆ Hunger
  - 1 in 4 children at risk for hunger in SF
- ◆ Nutrition
  - ~29% 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> graders not at a healthy weight (Fitnessgram)
  - ~50% middle and high school students do not consume 5 servings fruit/vegetables daily (YRBS)
- ◆ Equity
  - Stigma around free school lunch at Middle and High schools

## Background on school food in SF

- ◆ SFUSD – ~55,000 students
- ◆ 55% qualify for free/reduced meals
- ◆ Largest public food service operation in SF
- ◆ Daily meals
  - 22,100 lunches
  - 5,600 breakfasts
  - 100 snacks
- ◆ ~4 million lunches served 2007-2008
  - NS serves "a la carte" meals at middle and high schools; separate cash-based program
- ◆ ~\$18 mil budget 2009-2010
- ◆ Funded primarily through federal reimbursements (National School Lunch Program – NSLP)
- ◆ NSLP serves primarily students from low income households

## Pressing challenges

- ◆ \$1.5-\$2 million deficit (2008-2009)
- ◆ Low reimbursement rates prohibits cooking, chopping, washing, etc.
- ◆ Majority of food comes from meal service provider based in Chicago
- ◆ Kitchens - closed in 1988 at elementary level
- ◆ High costs in San Francisco
- ◆ Lack of distribution facility
- ◆ Lack of culinary training
- ◆ Not enough management staff
- ◆ School sites lack of support (competitive for use, etc.)

## History of DPH & SFUSD

- ◆ Long history of support – 1974 first breakfast program funded by DPH (Mission Rebels)
- ◆ Since 2003, DPH is a member of SFUSD Nutrition Committee
  - Technical assistance, education, evaluation, etc.
- ◆ High priority programs:
  - Increasing fresh produce – salad bars
  - Eliminating stigma – Balboa High pilot



### Increasing fresh produce – salad bars

- ◆ 2004 SF Food Systems/DPH initiated farm to school salad bar
- ◆ 2007-09 salad bars were added to all middle schools and some elementary schools – currently ~36 salad bars
  - Funded by Mayor's Office and DCYF
- ◆ Evaluation led by DPH & DCYF

### Evaluation Results

- ◆ Participation in school lunch increased at salad bar schools
- ◆ 12 schools increased by 10%
- ◆ About half students took items from the salad bar
- ◆ Most students eat the salad they take
- ◆ Parents report positive changes
- ◆ School staff supportive
- ◆ Need to include more variety of produce

### Salad bar program



### Eliminating stigma – Balboa High pilot

- ◆ Problem – two different meal programs in all middle and high schools in SF
  - “free lunch” vs. cash based lunch program
  - Separate locations, different quality and variety of food
  - Inefficient
  - Creates stigma – many students skip lunch
  - After school programs must feed hungry students

### Solution – Balboa High Pilot

- ◆ Phase I
  - Goal: Make all food available to all students regardless of their ability to pay
    - ◆ Redesign physical space
    - ◆ Point of Sale technology critical
    - ◆ Expand menu
    - ◆ Staff training
    - ◆ Student education
    - ◆ Parent education

### Results from Phase I – April-May 2009

- ◆ Successfully transformed meal program
- ◆ Increased meal options
- ◆ Eliminated stigma
- ◆ Increased in participation in meal program +45%
- ◆ Increase in consumption of complete meals – milk, produce
- ◆ Faster lines – now 3 points of service



## Separate programs

Main Cafeteria - free lunch

Cash based meal program



## New layout at Balboa High



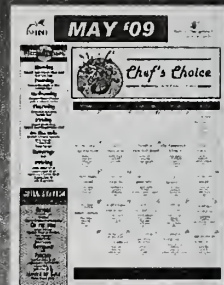
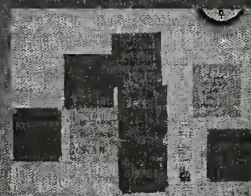
## Efficiency and Eliminating Stigma



## Improved and expanded menu

Old Menu

New Consolidated Menu



## Next steps

- ◆ Balboa High
  - Add more vegetarian options
  - Explore adding new freshly prepared entrees
- ◆ District wide rollout in 2009-2010
- ◆ Salad bars - increase variety
- ◆ School meals in San Francisco
  - Growing community interest to transform program - return to cooking locally

## Questions?



## MEDICAL REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### INSTRUCTIONS:

1. Complete the information below for medical expenses incurred by you, for which you request reimbursement under the MRP.
2. Fill in all items below including your signature and date. If this form is incomplete, it will be returned to you.
3. Attach copies of receipts or other evidence from the provider that the expenses were incurred (guidelines for acceptable documentation outlined above).
4. All receipts must include date(s) of service, type of service performed, prescription drug name and for whom it was dispensed (if applicable), name of the service for whom the service was provided (required for all purchases/services except OTC), provider's name, and total amount of payment for which you are seeking reimbursement.
5. Please be sure to retain originals of all items submitted to CGI for reimbursement.

	EXAMPLE	EXPENSE #1	EXPENSE #2	EXPENSE#3
Date(s) Medical Service Provided	10/7/01			
Name of Person Receiving Medical Service	Fred Jones			
Name of Provider (Physician, Hospital, Dentist, Pharmacy)	Kaiser Permanente			
Description of Service	Co-pay for annual physical			
Total Expense	\$30.00	\$	\$	\$
Amount Previously Reimbursed, or Paid/Payable Under Insurance or Another Plan	\$0.00	\$	\$	\$
Reimbursement Amount Requested	\$30.00	\$	\$	\$

**Total Amount Requested: \$**

CGI takes privacy very seriously. We share a commitment with covered employees to protect the privacy and confidentiality of Protected Health Information that we obtain by administering the MRP. Please contact CGI should you wish to receive a copy of our detailed HIPPA Privacy Policy.

### **Please Read Carefully:**

I hereby certify that the information contained in this form is, to the best of my knowledge, true and correct, and that I am requesting reimbursement only for eligible expenses that have actually been incurred, and that the expenses incurred were solely for my benefit. I also certify that all items requested to be reimbursed comply with Career Group Inc.'s Medical Reimbursement Plan and such items have not and will not be covered by any insurance or other plan or program of any employer or other person. I certify that such items will not be deducted or taken as tax credits on my personal Federal or State Income tax returns for any year. Furthermore, I understand that Career Group Inc. takes no responsibility for reimbursement checks lost in the mail. It is my responsibility to notify Career Group Inc. if I need a replacement check.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax claim and documentation to (866) 239-4826 or submit via email to [MRP@careergroupinc.com](mailto:MRP@careergroupinc.com)





## MEDICAL REIMBURSEMENT REQUEST FORM

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, July 21, 2009

At

4:00 p.m.

LAGUNA HONDA HOSPITAL, 3<sup>rd</sup> FLOOR, ROOM A-300

375 Laguna Honda Boulevard  
San Francisco, CA 94116

GOVERNMENT  
DOCUMENTS DEPT

JUL 25 2011

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 7, 2009  
*\*Minutes of the meeting of July 7, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) EMPLOYEE RECOGNITION AWARDS  
*\*List of Awardees*
- 6) FOR DISCUSSION AND POSSIBLE ACTION: CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)



- 7) **FOR DISCUSSION AND POSSIBLE ACTION:** **LAGUNA HONDA HOSPITAL REBUILD UPDATE & ANNUAL REPORT**  
(Mivic Hirose, LHH Executive Administrator)  
*\*Annual Report*

- 9) **FOR DISCUSSION AND PROPOSED ACTION:** **RECOMMENDATIONS OF FINDINGS ON CALIFORNIA PACIFIC MEDICAL CENTER'S INSTITUTIONAL MASTER PLAN**  
(Commissioner James M. Illig, President)  
*\*Recommendations*

10) **OTHER BUSINESS\*\*\***

**FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**

**FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**

**FOR DISCUSSION:** **COMMISSION SELF-EVALUATION**

11) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**APPROVAL OF A SETTLEMENT, BLUNT V. CITY AND COUNTY OF SAN FRANCISCO, UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA, CASE NO. CV08-3045JL; AND**

**APPROVAL OF A SETTLEMENT, ROBINS, ET AL. V. SAN FRANCISCO COMMUNITY MENTAL HEALTH, ET AL., OFFICE OF ADMINISTRATIVE HEARINGS, SPECIAL EDUCATION DIVISION, CASE NO. OAH2008110722**

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

- D) Reconvene in Open Session
1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)





2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## **12) ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**





Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, July 21, 2009

At

4:00 p.m.

LAGUNA HONDA HOSPITAL, 3<sup>rd</sup> FLOOR, ROOM A-300  
375 Laguna Honda Boulevard  
San Francisco, CA 94116

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:06 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Sonia E. Melara, Vice-President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 7, 2009

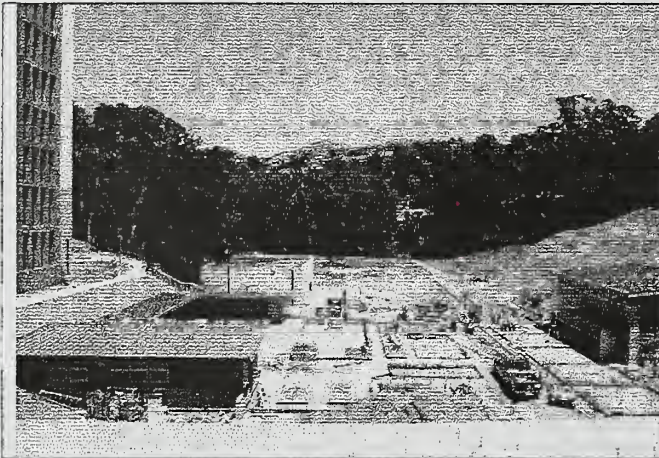
Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the minutes of the Health Commission meeting of July 7, 2009 without modifications.



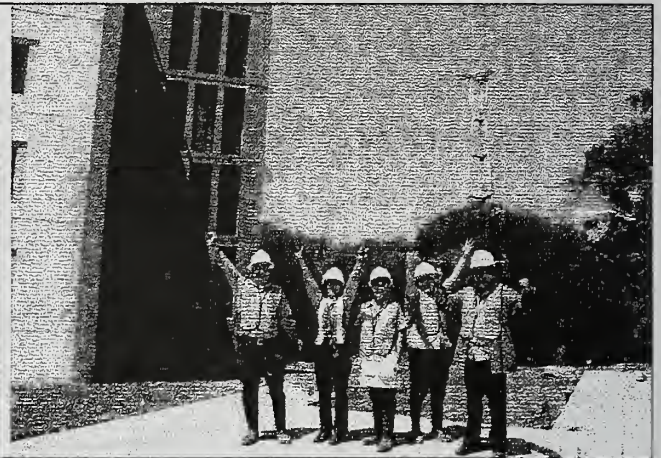
### 3) DIRECTOR'S REPORT

#### **LHH Photo Preview of Coming Attractions**

We are pleased to be hosting today's Health Commission meeting at Laguna Honda Hospital, a tradition that has been observed for many years. Today's meeting is the last one we will hold in the old Laguna Honda building and while we mark the occasion with this final chapter, we all look forward to meeting again in 2010 in the new facility. With the advent of good weather, progress on the Laguna Honda Hospital and Rehabilitation Center continues at a dynamic pace and has begun to instill a sense of excitement and anticipation among staff and residents. Below are a couple recent photos from the construction site.



A view of the meadow being landscaped. The therapeutic farm will be at lower left, orchard at the center. Meadow will stretch to the base of Twin Peaks.



Staff on a tour of the buildings gear up for a new beginning. Approximately 25 staff tours the in-progress facility each week.

#### **SFGH Rebuild Groundbreaking Date Set**

I wanted to take a few minutes to give the Commissioners a brief update on the SFGH rebuild and to provide you with a couple key dates for your calendars. First, we have set Oct 22 as the date for the Groundbreaking ceremony. The event will be an important milestone in the rebuild project, with attendance by the Mayor and what we anticipate will be a broad section of supporters and well wishers.

Prior to the Groundbreaking, SFGH is hosting two Town Hall Meetings—one for staff on August 4, noon – 1 p.m. and the other for members of the community on Aug 6, 6:30 p.m. - to 8 p.m. Both Town Hall Meetings will take place in Carr Auditorium. These meetings will give everyone the latest status report on the rebuild and provide information about the type and range of health care services that will be available at the new hospital. They also will address anticipated impacts on the campus and the surrounding neighborhood. The Commissioners are encouraged to attend one of these meetings to get a flavor of the rebuild project and meet and mingle with SFGH staff and individuals from the surrounding community.

Meanwhile, the Rebuild Team continues its community relations efforts. The third neighborhood newsletter was sent to approximately 2,000 neighboring residents and merchants, posted on the SFGH Rebuild web site and emailed to community and civic organizations. A directory of neighborhood services is being developed as a resource for the incoming construction workers, which will benefit local merchants. The site readiness phase is still underway as workers reroute the underground utilities to ensure that the current campus will continue to operate during construction.



### **MRI Trailer Passes Inspection at SFGH**

I am pleased to report that the California Department of Public Health notified us that the MRI Trailer located at SFGH passed inspection and we were given approval to begin immediate occupancy and operation of the trailer. Now that the MRI Trailer is operational, we will replace and upgrade the in-house MRI unit. This is scheduled for a September completion at which time SFGH will begin on-going operation of two state of the art MRI units (in-house plus the trailer), which will help to eliminate the backlog of Out-Patient/Non-Urgent MRI appointments and wait times which are currently two-three months.

### **Reproductive Health Program at the San Francisco County Jail**

Since October of 2007, there has been an expansion in the reproductive health care services to women incarcerated at the San Francisco County Jail, through a unique partnership with the UCSF/SFGH Department of Obstetrics, Gynecology and Reproductive Sciences. This increased access to care for women has been implemented through direct clinical care, through advocacy-based research, and through training of resident physicians. Briefly, this has consisted of the following:

- **Clinical** - A UCSF fellow and Clinical Instructor has been providing routine and specialty gynecologic care directly at the SFCJ. She sees referral patients with complicated gynecologic issues and does simple procedures in the jail clinic, such as endometrial and vulvar biopsies. In addition, her services have also expanded women's access to contraception, by providing intrauterine device counseling and insertion—both for birth control and management of abnormal uterine bleeding. Overall, this expansion of specialty services at the jail has meant that many women no longer need to be transferred to SFGH for clinic appointments and follow-up.
- **Research** - We have conducted research into the need for emergency contraception (EC) for women as they are first arrested and assessed in CJ9. We found that nearly 30% of women are eligible for EC when they are brought into jail, because of having unprotected sex in the 5 days before being arrested. Half of these EC-eligible women would accept it if it were available to them. Currently, we are working on designing a pilot program that would offer screening, counseling and provision of EC to women within 24 hours of their arrest.
- **Training** - UCSF Ob/Gyn residents now rotate at the SFCJ clinic during their intern year. Each intern spends a half day per week for 6-7 weeks providing Ob/Gyn care to women at SFCJ, under the supervision of a UCSF Ob/Gyn faculty member. This innovative program is likely the first Ob/Gyn residency in the country to incorporate correctional medicine into its training curriculum. This serves not only to improve services provided to women at SFCJ, but also to educate doctors in training about social determinants of health as they pertain to this population, and to encourage them to consider providing health care for incarcerated women in their futures.

I know the Commissioners join me in applauding this innovative and important health care program for incarcerated women.

### **Cal OSHA Aerosol Transmissible Disease Standard**

On May 21, 2009, California became the first State in the nation to adopt protective standards to control occupational exposures to Aerosol Transmissible Diseases (ATDs). The purpose of the ATD Standards is to protect employees in health care and other high-risk environments from exposure to aerosol transmissible diseases. An ATD is a disease or pathogen for which droplet or airborne precautions are required. It is widely recognized that the new standards fulfill an important

need for information, regulation, and oversight in this area. The standards, which were unanimously passed by the Cal/OSHA Standards Board and take effect on August 5, 2009.

California's "Aerosol Transmissible Diseases," standard, found on line at [http://www.dir.ca.gov/oshsb/ATD\\_txtbdconsider.pdf](http://www.dir.ca.gov/oshsb/ATD_txtbdconsider.pdf), applies to clinics, hospitals, nursing and long-term care facilities, home health care, emergency services, homeless shelters, drug treatment programs, police departments, prisons, and laboratories. The "Aerosol Transmissible Diseases - Zoonotics," standard at <http://www.dir.ca.gov/oshsb/zoonoticstxtbdconsider.pdf>, applies to workplaces where animals and animal products or wastes may carry diseases that can be transmitted to humans.

Because the State's new ATD standard requires employers to establish, implement and maintain an effective infectious disease Exposure Control Plan, we will be working to develop and implement such plans for DPH facilities and to our community partners and health care organizations in San Francisco. We think this is important guidance for helping all of us protect staff from illness due to occupational exposure.

### **H1N1 Update**

The Communicable Disease Control and Prevention Section continues to respond to H1N1 swine flu cases and is also anticipating a busy upcoming 2009 flu season. Staff are preparing for a mass vaccination seasonal flu clinic on October 21 and making plans for dispensing H1N1 vaccine to prioritized populations. As we move into the fall flu season and the number of H1N1 flu cases rises, we will also see increased surveillance and case investigation, and a growing need to continue good communication with the public, clinicians, businesses, and facilities.

A *Flu Home Care Guide* for the general public was recently completed in English, Spanish, and Chinese. Electronic versions are available at [www.sfdcp.h1n1](http://www.sfdcp.h1n1) or to request free English or Chinese hard copies by e-mailing [olivia.bruch@sfdph.org](mailto:olivia.bruch@sfdph.org). For fact sheets and more information about H1N1 swine flu go to [www.sfdcp.org/h1n1](http://www.sfdcp.org/h1n1).

### **HIV Health Services Publishes Manual at End of Grant Cycle**

HIV Health Services division just published the results of a three-year grant for the Office of Minority Health in a manual entitled "Community of Color: Capacity Building Project." The goals of the project were 1) to provide broad-based and individualized technical assistance to minority-based CBOs to help enhance the capacity to provide HIV prevention and care services; 2) to demonstrate a user-friendly capacity building TA model that will help build effective, sustainable organizational competency, as evidenced by system enhancement and change; and 3) to strengthen the organizational abilities of minority CBOs to successfully compete for federal, public and private funds. For more information and/or to receive a copy of the manual contact [Christopher.Gortner@sfdph.org](mailto:Christopher.Gortner@sfdph.org).

### **Women Living with HIV**

The HIV Health Services division recently convened a number of community focus groups including one group for women living with HIV. For more information about the group or to learn more about women living with HIV, e-mail [Bill.Blum@sfdph.org](mailto:Bill.Blum@sfdph.org).

### **Health Impact Assessment Training Course**

The Program on Health, Equity, and Sustainability (PHES) held its second annual health impact assessment (HIA) training course from June 23 – 26 with over 30 attendees from around the country.



participating. The course provides current and future practitioners of HIA experience using available procedures, regulations, and tools to implement an HIA.

As testimony to the success of the training, one participant submitted this on the evaluation form: "Every minute of the HIA training was useful to me. The training was incredibly well-presented and I am using it already... You all are not only so well-versed in this field, you are also so very willing to help others - I'm just very grateful to have you as a resource!" PHES will continue to provide this course annually.

### **PBS Documentary**

On Thursday, July 9, PHES staff was filmed for a PBS TV special entitled "Balancing Public Space & Public Health." The documentary will explore how communities across the country are re-thinking and redesigning their built environments. PHES staff profiled various examples of healthy land use planning and community design in San Francisco, and also highlighted opportunities for improvement in the areas of housing development, air quality, noise and pedestrian safety.

### **Asthma Task Force Addresses Issue of Bleach in Childcare Settings**

The Asthma Task Force has initiated a project to reduce the overuse of bleach in childcare settings and to test the practicality of substituting EPA-registered disinfectants that are safer for asthma. Bleach has become a concern because the State Occupational Asthma Program has 72 confirmed cases of work-related asthma associated with bleach exposure. Of those confirmed cases, 38% are new onset asthma. A main thrust of the Task Force project will raise awareness of correct disinfecting methods for childcare settings and offer access to safer disinfectants for specific applications, such as disinfecting floors and toys at the end of each day.

All training materials will be offered in English, Spanish and Chinese, with other languages to follow if the project obtains extended funding. With the support of a 2009 grant to Breathe California and the Task Force from the San Francisco Foundation, Karen Cohn, Children's Environmental Health Program manager, is mentoring a summer intern from the UC Berkeley School of Public Health Environmental Health Sciences graduate program, Luz Agana, to coordinate these activities with support from environmental health technician Cynthia Melgoza.

### **The Word on Lead Prevention**

*The Word on Lead Prevention* summer issue, "The Search for Lead," is now available in single or multiple copies in English, Spanish and Chinese. In this one page bulletin, the Childhood Lead Prevention Program provides updates on a variety of consumer sources of lead that have been in the news such as toxic sweets from Mexico, Oaxacan seasoned and fried grasshoppers (chapulines), toys, metallic jewelry, vinyl-encased TV and even computer cables. There is also a short highlight about lead exposures that family members bring home to their children from their work with lead in construction and demolition or other jobs such as painting, carpentry or metal recycling. To receive a copy of the bulletin or be added to the mailing list, e-mail Sarah Saavedra.

### **Bedbug Prevention and Control**

The Healthy Homes and Neighborhoods Program is co-producing a training in September with the San Francisco Apartment Association on "Best Practices for Bedbug Prevention and Control." The target audience is owners of private multi-unit rental housing, a group increasingly affected by new bedbug infestations. The training will offer an overview of bedbug prevention techniques, review health code requirements, suggest ways to utilize the services of licensed pest control operators, and discuss best practices for treatment of infestations.

### **STD Director Takes Leave of Absence for Work in South Africa**

Effective, 7/6/09, Jeff Klausner, MD, STD Director, is taking a one year leave of absence to work for CDC's HIV Program in Pretoria, South Africa. Susan Philip, MD, STD Clinic Medical Director for the past four years, will be the interim STD Director in Dr. Klausner's absence.

### **MMWR Published Study Suggests Community Based Organizations Strong Link to Testing and Treatment for STD**

An article entitled "Clinic Based Testing for Rectal and Pharyngeal Neisseria gonorrhoeas and Chlamydia trachomatis Infections by Community-Based Organizations---Five Cities, United States, 2007," was published in the July 10, 2009 issue of the *Morbidity and Mortality Weekly Report* (MMWR.) To determine STD testing practices among Community Based Organizations (CBO) serving Men who have Sex with Men (MSM), the Center for Disease Control and the San Francisco Department of Public Health STD Section gathered data on rectal and pharyngeal gonorrhea (GC) and chlamydia (CT) testing at screening sites managed by six gay focused CBOs in five US cities during 2007. The results of the study demonstrated that gay focused CBOs can detect large numbers of GC and CT cases and may reach MSM not being tested elsewhere. The findings also suggest that it might be reasonable for health officials to consider providing support to certain CBOs to facilitate testing and treatment of GC and CT among MSM.

John M. Douglas, Jr., MD, Director of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention has written a letter in support of the study. I am attaching a copy of the letter. Congratulations to Jeff Klausner, MD, Kyle Bernstein and Mark Pandori for their work on this study.

### **Sunday Streets: August 9, Great Highway**

A reminder that the next Sunday Streets event will take place on August 9, 10 a.m. - 2 p.m., along the Great Highway. Bike, walk and enjoy the day next to the Pacific Ocean, visit the Zoo and meander through Golden Gate Park with thousands of other San Franciscans.

**COMMUNITY HEALTH NETWORK**  
**SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

**JULY 2009**

**Health Commission - Director of Health Report**

(07/13/09 MEC)

	07/09	07/08 to 06/09
<i>New Appointments</i>	25	253
Reinstatements		1
<i>Reappointments</i>	51	493
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	19	246
Disciplinary Actions		0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>	0	3
Changes in Privileges		
Additions	5	69
Voluntary Relinquishments	6	40
Proctorship Completed	21	256
Proctorship Extension	0	0

***Current Statistics – as of 05/27/09***

Active Staff	488
<i>Courtesy Staff</i>	579
Affiliate Professionals (non-physicians)	251
<b>TOTAL MEMBERS</b>	1328

<i>Applications In Process</i>	45
<b>Applications Withdrawn Month of July 2009</b>	0
<b>SFGH Reappointments in Process 08/2009 to 11/2009</b>	202



#### Commissioner Comments/Requests for Follow-up:

Dr. Katz added that he still has no update on the H1N1 vaccine. He did note that not all of the vaccine will be available, but what is unclear is the priority populations to vaccinate first and whether it will be a one or two vaccine series. He also noted that it is a huge scope undertaking, which the Department would like to begin planning for.

Commissioner Chow noted that the private sector is looking for guidance, and so far there has been conflicting information coming out. He requested an advisory be put out by the Department. Dr. Katz responded in the affirmative.

Commissioner Illig asked about training in the Department on pandemic influenza. Dr. Katz responded that many people in the Department have been trained, adding that most of the training has focused on pandemic illness. He added that for the hospitals, the biggest concern might be insufficient respirators.

#### **4) GENERAL PUBLIC COMMENT**

None.

#### **5) EMPLOYEE RECOGNITION AWARDS**

Commissioner Sako presented the LHH Employee Recognition Awards.

The individual award was presented to Evonne Ariata nominated by the LHH Executive Team for her excellent customer service and for her work on the very successful Employee Service Banquet that took place on February 27, 2009.

The team award was presented to the LHH Residents' Council officers and staff members, including Paul H., Elizabeth C., and Candy S., the president, vice president, and secretary of the Council, and staff Cho Tai, Anne Hughes, and Rowena Tran. The LHH Residents' Council was nominated by the LHH Executive Team.

#### **6) CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT**

Commissioner Sonia E. Melara reported on the activities of the Citywide Health Planning and Effectiveness Committee.

#### **7) LAGUNA HONDA HOSPITAL REBUILD UPDATE & ANNUAL REPORT**

John Thomas, Program Manager for the LHH Replacement Project and Larry Funk, LHH Associate Administrator provided an update on the LHH rebuild, and Mivic Hirose, LHH Executive Administrator presented the LHH annual report. A copy of their presentations are attached and hereby incorporated into these minutes.

#### Commissioner Comments/Requests for Follow-Up:

Commissioner Illig asked about the \$9 million in reserve, which he understood was not needed. Mr. Thomas responded that the bids for remodel work have come in higher than was anticipated. He does not know how much of the contingency budget will be necessary, but he is recommending

that it be held in reserve. In addition the owner-controlled insurance program has also been more expensive than was anticipated. Commissioner Illig requested that this continue to be reported to the JCC.

Commissioner Illig noted that the original plan called for assisted living and adult day health care, which are currently not included.

Commissioner Sanchez congratulated the team on getting the project back on schedule.

Commissioner Sanchez asked about the problems with concrete condition, which had been reported. Mr. Thomas clarified that the problems are with the old structure, not the new building.

Commissioner Tierney asked about bids coming in hirer than anticipated. Mr. Thomas responded that construction inflation rates in 2003 and 2004 were running at two percent per month. Since that time construction inflation has come under control.

Commissioner Chow thanked Mr. Funk for the tour he provided to Commissioners Chow and Sanchez.

Commissioner Chow emphasized the need for research, particularly with the rebuild opening soon. He believes there are lessons which can be taken from the new facility, particularly given the size of the new facility.

#### Public Comment:

Valoria Russell-Benson asked about the closure of the ADHC when LHH was already being cut in half with the rebuild. She also asked about the original contract and why it went from \$12 million, to \$22 million to \$42 million.

Ed Warshauer of SEIU testified: "I represent SEIU and SEIU represents 6000 employees in DPH and affiliated PNPs. When Proposition H passed in November, 1986, voters established "Comparable Worth" for City employees. Thereafter, classifications predominantly filled by women and minorities were upgraded, comparable to similar classifications filled by white males. Catherine Dodd of the Mayor's Office signed the ballot arguments. Now DPH plans DISCRIMINATORY SALARY CUTS for hundreds of clericals and nursing assistants. Why should children of nursing assistants or clericals have less than children of white males, working for the same employer, in jobs requiring the same education, experience, and credentials? SF set an example by correcting discrimination. You cannot reverse progress, any more than you can balance the budget with poll taxes for women and minorities. We will work for new revenue. But regardless of the outcome of revenue measures, we CANNOT ALLOW for "Comparable Worth" to be a casualty of budget deficits."

#### **8) RECOMMENDATIONS OF FINDINGS ON CALIFORNIA PACIFIC MEDICAL CENTER'S INSTITUTIONAL MASTER PLAN**

Commissioner James M. Illig introduced the topic noting that Commissioners Illig, Melara and Tierney met following the last Health Commission meeting with CPMC administration to develop recommendations, which are included in the Resolution before the Commission.



### Public Comment:

Jason Fried noted that one thing missing from the resolution is the inclusion of proper items in the EIR that could delay the rebuild process. He advocated for a larger St. Luke's, smaller Cathedral Hill. He believes a comparison of the alternatives and the health impacts of the alternatives are missing. He also believes there is a technical error in the resolution.

Nato Green of CNA/CHPSF supports the resolution, but believes there was a lot of heartache over the Blue Ribbon process. He wonders whether CPMC will follow through on its promises. He suggests that CPMC be changed to Sutter West Bay and he suggests that the resolution include a resolved as to whether the BOS can hold Sutter West Bay to the recommendations.

Jane Sandoval, a Staff Nurse at St. Luke's supports the resolution, but wants to see St. Luke's rebuilt as a viable hospital. She supports the recommendations on charity care and long-term care. She also believes that psychiatric services have not been addressed. Lastly, CPMC should be held accountable for promises made.

Reiko Furaya, an ICU Nurse at St. Luke's requested that the Commission pass the resolution. She's concerned that the same number of ICU beds be rebuilt and that St. Luke's should remain the same size.

Jane Martin, of Pride at Work/CNA requested that the resolution be passed. She also raised the issue of psych. beds. Although the trend has been to outpatient treatment, there is still a need for inpatient psych. beds.

Susan Blaschak, a citizen and nurse spoke in favor of the resolution and asked that the Commission be mindful of the service needs of the southeast part of San Francisco. She also wants CPMC held to what it has promised.

Eileen Prendiville urged that St. Luke's be built larger and that Cathedral Hill be built smaller. She asked that the resolution be passed.

Roma Guy thanked the Commission for coming back with a resolution. She requested that St. Luke's be built as a viable campus. She also requested that the time-limited committee be tasked to work past the permit stage, and that community members be included on this taskforce.

Patrick Monette-Shaw, expressed concern about the third recommendation. On recommendation four, he's concerned about the placement of subacute patients into existing SNF beds.

Joseph Smooke supports the resolution. He also requested that a community member be placed on the short term task force.

### Commissioner Comments/Requests for Follow-Up:

Commissioner Illig drew the Commission's attention to the letter that had been received from Tom Hennessy of Saint Francis Memorial Hospital.



Commissioner Illig invited Dr. Warren Browner speak. Dr. Browner thanked the Commission for their work and committed that CPMC will continue to work with the Commission, the Department, and the City.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) voted to adopt the Resolution as amended.

9) **OTHER BUSINESS**

**JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Edward A. Chow, M.D. reported on the July 14, 2009 SFGH Joint Conference Committee. He noted that there will be no SFGH JCC in August, but will resume in September. He added that Health at Home passed its state licensing inspection.

**COMMITTEE AGENDA SETTING**

The Commission requested that CHPEC address the Citywide Violence Prevention Program in September.

**COMMISSION SELF-EVALUATION**

Commissioner Margine A. Sako introduced the Commission self-assessment tool. The Commission requested that the individual Commissioners respond to the self-assessment tool, and send to Mr. Soos to tabulate and send back out to the Commissioners.

10) **CLOSED SESSION**

**Public Comments on All Matters Pertaining to the Closed Session**

None.

**Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) voted to hold a closed session pursuant to San Francisco Administrative Code Section 67.11.

**Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)**

**APPROVAL OF A SETTLEMENT, BLUNT V. CITY AND COUNTY OF SAN FRANCISCO, UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF CALIFORNIA, CASE NO. CV08-3045JL**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Water) voted to approve the settlement of Blunt v. City and County of San Francisco, USDC for the Northern District of California, Case No. CV08-3045JL.

**APPROVAL OF A SETTLEMENT, ROBINS, ET AL. V. SAN FRANCISCO  
COMMUNITY MENTAL HEALTH, ET AL., OFFICE OF ADMINISTRATIVE  
HEARINGS, SPECIAL EDUCATION DIVISION, CASE NO. OAH2008110722**

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Water) voted to approve the settlement of Robins, et al. v. San Francisco Community Mental Health, et al., Office of Administrative Hearings, Special Education Division, Case No. OAH2008110722.

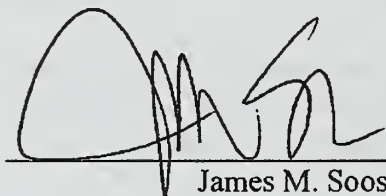
**PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF  
HEALTH, MITCHELL H. KATZ, M.D.**

Reconvene in Open Session

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Water) voted not to disclose any discussion held in Closed Session pursuant to San Francisco Administrative Code Section 67.12(a).

11) **ADJOURNMENT**

The Commission adjourned at 6:48 pm.

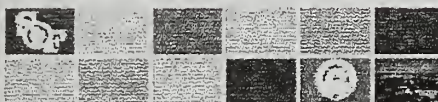
A handwritten signature in black ink, appearing to read 'J. Soos', is written over a horizontal line.

James M. Soos  
Acting Health Commission Executive Secretary

Department of Public Works

## Laguna Honda Hospital Replacement Program Update

Presented to the  
Department of Public Health  
Health Commission  
July 21, 2009



## Project Progress

- The City and Turner, along with all sub-contractors, settled all delay related claims as of December 2008
- The settlement agreement included an agreement for revised contract completion dates
  - These dates were agreed to in September 2008, and are still on target
- The City expanded its on-site staff to support reaching these milestones
- South Residence
  - Major construction work is completed
  - Focus on finishes and commissioning various building systems
- Pavilion Building
  - Walls and painting have been completed.
  - Focus on ceiling closure with flooring to follow
  - Terrazo floor on Level 1 is in place

Laguna Honda Hospital Replacement Program

## Project Progress

- North Residence
  - Major construction work is completed
  - Walls and painting have been completed.
  - Focus on ceiling closure with flooring to follow
- Connector Structure
  - Structural Steel erected April/May.
  - Exterior wall framing now underway
- Remodel of Wing H
  - Underpinning of Wing H near the Pavilion Building is completed
  - Grade beams in place
  - Preparing for structural steel at the 'breezeway' by September
  - Repairs to existing structural concrete has been significant

Laguna Honda Hospital Replacement Program

## Schedule

South Residence Building	October 31, 2009
Pavilion Building	October 31, 2009
North Residence Building	December 31, 2009
Connector Structure	December 31, 2009
FF&E	Now through April 2010
Remodel	Now through July 2011
Final Site Work	July 2011 – December 2012

Laguna Honda Hospital Replacement Program

## Budget

Item	Unit	Quantity	Unit Price	Amount	Category	Source	Notes
PT 00-01	00-01	1	\$0.00	\$0.00	00-01	00-01	
PT 00-02	00-02	1	\$0.00	\$0.00	00-02	00-02	
PT 00-03	00-03	1	\$0.00	\$0.00	00-03	00-03	
PT 00-04	00-04	1	\$0.00	\$0.00	00-04	00-04	
PT 00-05	00-05	1	\$0.00	\$0.00	00-05	00-05	
PT 00-06	00-06	1	\$0.00	\$0.00	00-06	00-06	
PT 00-07	00-07	1	\$0.00	\$0.00	00-07	00-07	
PT 00-08	00-08	1	\$0.00	\$0.00	00-08	00-08	
PT 00-09	00-09	1	\$0.00	\$0.00	00-09	00-09	
PT 00-10	00-10	1	\$0.00	\$0.00	00-10	00-10	
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PT 00-12	00-12	1	\$0.00	\$0.00	00-12	00-12	
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PT 00-18	00-18	1	\$0.00	\$0.00	00-18	00-18	
PT 00-19	00-19	1	\$0.00	\$0.00	00-19	00-19	
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PT 00-100	00-100	1	\$0.00	\$0.00	00-100	00-100	

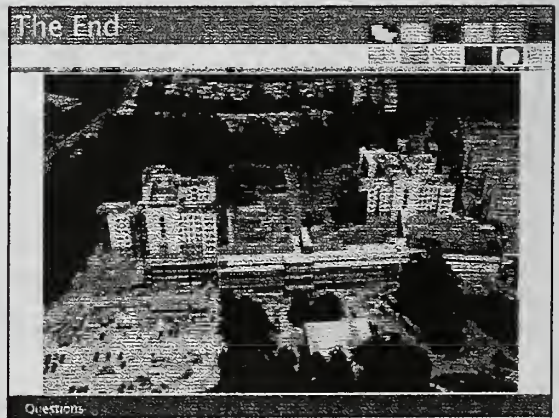
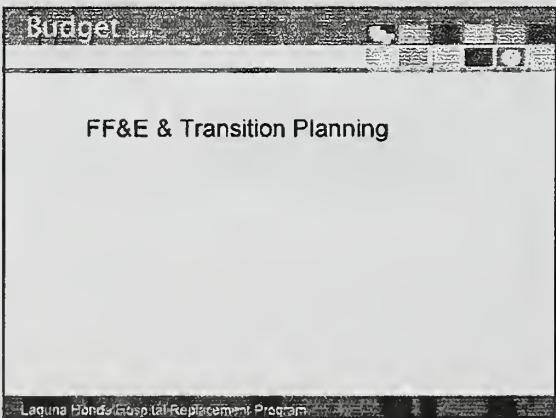
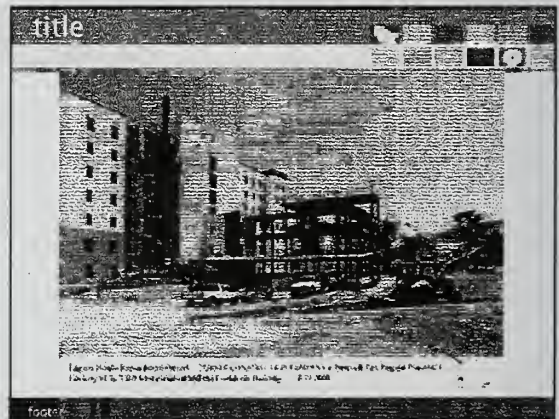
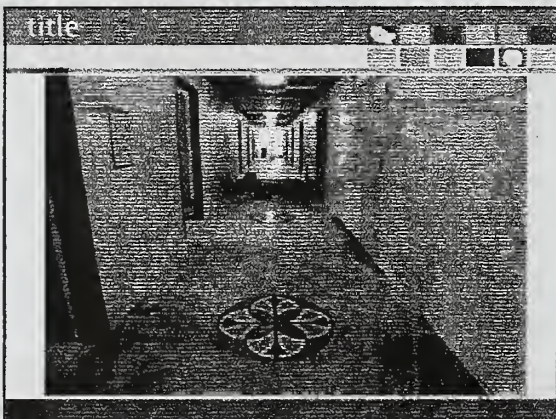
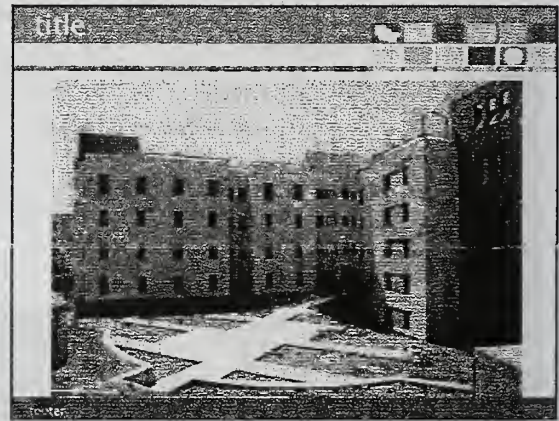
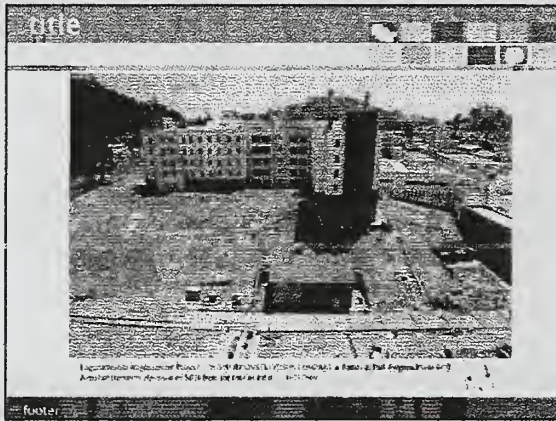
Laguna Honda Hospital Replacement Program

## Budget

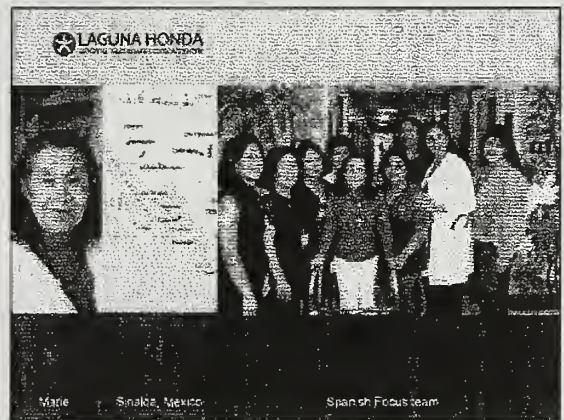
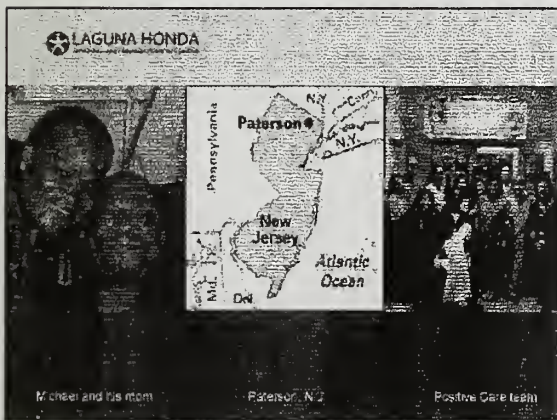
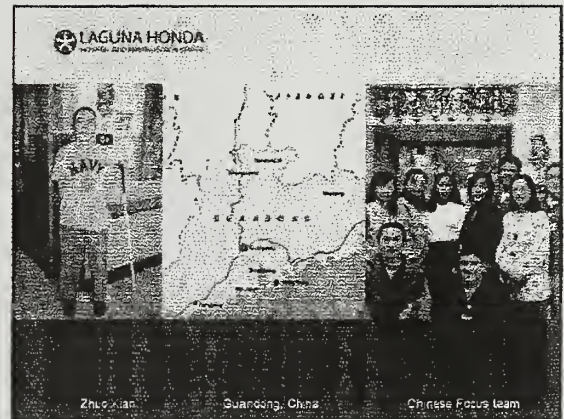
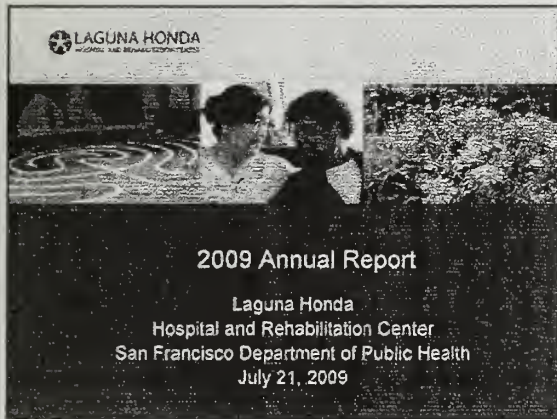
- Budget was reduced \$9 million during this FY
- Project Team is working to identify scope from the remodel and final site packages to accommodate the reduction.
- Working closely with the Hospital Executive Team to determine the best course of action

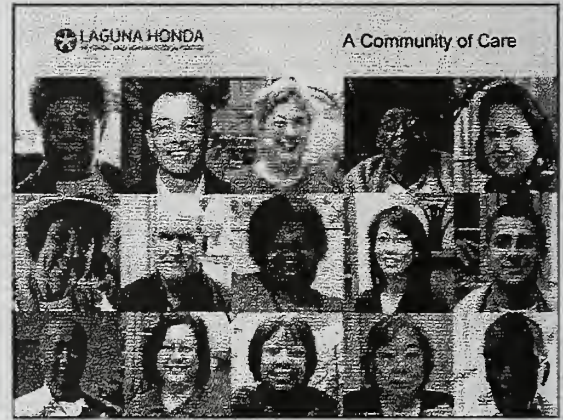
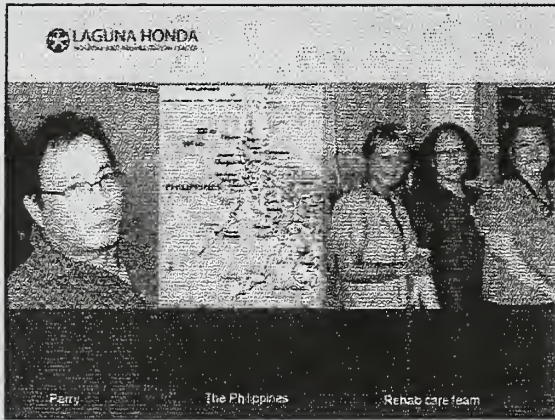
Laguna Honda Hospital Replacement Program













James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, August 4, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 21, 2009  
*\*Minutes of the meeting of July 21, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION: 2010 – 2013 CHILDREN'S SERVICES ALLOCATION PLAN  
(Maria Su, Director, Department of Children, Youth and Their Families)  
*\*Report*



- 7) **FOR ACTION:** **APPROVAL OF THE GOVERNING BODY BYLAWS  
FOR LAGUNA HONDA HOSPITAL**  
(Mivic Hirose, LHH Executive Administrator)  
*\*Governing Body Bylaws*

8) **OTHER BUSINESS\*\*\***

**FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**

**FOR DISCUSSION AND  
POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**

9) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.





**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

**San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

**Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
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Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, August 4, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:13 p.m.

Present: Commissioner James M. Illig, President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D. (arrived at 4:35p.m.)  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 21, 2009

Action Taken: The Commission (Illig, Chow, Sako, Tierney, Waters) approved the minutes without the final version of the resolution from the July 21<sup>st</sup> meeting. This resolution will be approved at the following meeting.

#### 3) FOR DISCUSSION: DIRECTOR'S REPORT

##### **Public Health Nurse Killed While on Duty**

Jamie Xelowski, RN, PHN, a Public Health Nurse who worked for San Francisco Department of Public Health, Maternal Child Adolescent Health program, was struck and killed by a vehicle while on duty on Friday, July 31, at the corner of San Bruno and Silver Avenue around 10 a.m. She died at approximately 1 p.m. at San Francisco General Hospital. Ms. Xelowski, age 60, had worked as a

Public Health Nurse for the Department of Public Health for over eight years. She was stationed out of Silver Avenue Public Health Center. As a Public Health Nurse, Ms. Xelowski performed home visits to new mom's and babies and also worked with foster children. Arrangements are pending.

Our sincere condolences to Ms. Xelowski's family. She leaves behind many friends within the Department of Public Health and especially among the Public Health Nurses and staff at Silver Avenue.

### **Governor Signs State Budget**

On July 28, Governor Arnold Schwarzenegger signed the FY 2009-10 State budget revision, closing California's \$24 billion budget deficit. In doing so, he accepted all of the legislature's cuts and made nearly half a billion dollars in additional line-item vetoes using his "blue-pencil" authority. Significant health-related vetoes include \$52.1 million to HIV/AIDS services, \$35.1 million to Maternal, Child, and Adolescent Health programs, and an additional \$50 million from the Healthy Families program, cutting State funding for that program by nearly 50 percent. His additional, deep cuts to health and human services programs drew immediate fire from Assembly Speaker Karen Bass and Senate Pro Tem Darryl Steinberg, both of whom question the legality of the line item vetoes (since this was a budget revision bill) and said they will fight to restore the cuts. Speaker Bass is asking the Legislative Counsel for "*a definitive opinion on the legality of the governor's actions.*"

Given the recentness and extent of the cuts, as well State departments' inability thus far to provide direction on how these cuts will be implemented, the Department is not yet able to provide solid numbers on the local impact of the reductions. We are, however, working with the Mayor's Office, advocates, and community partners both to quantify and to mitigate the effects of the cuts on our clients and providers. I will continue to update the Commission as information becomes available.

### **CDC Director Visit**

We were privileged to host a brief visit last week with Dr. Thomas R. Frieden, Director of the Center for Disease Control and Prevention. Dr. Frieden met with members of my staff and I to discuss TB Control, STD Control, food policy and ways of increasing physical activity. Prior to his appointment at CDC, Dr. Frieden was a Health Commissioner in New York City and replaced Dr. Julie Gerberding as Director of the CDC.

### **HIV Testing Focuses on African American MSM**

The HIV Prevention Section has been working with the Positive Health Program and the Emergency Department (ED) at San Francisco General Hospital (SFGH) to expand rapid HIV testing services. The project started in June 2008 with the goal of increasing HIV testing opportunities for populations disproportionately affected by HIV—primarily African Americans who are unaware of their HIV status.

Prior to the initiation of this program, HIV testing was done only rarely in the SFGH ED. Under this initiative, all patients admitted to SFGH who are able to give consent are offered routine opt-out HIV testing. Additionally, testing is available for ED clinicians to use based on medical indicators for patients who are not admitted. HIV testing is now available 24 hours a day, 7 days a week using a laboratory-based, rapid HIV test performed on blood samples, with a maximum 2-hour turnaround.



The outcome of this initiative for patients has been a stunning success. From June 1, 2008 to June 15, 2009, 2,522 patients received an HIV test in the ED. Fifty-nine tests were positive, and 28 are newly identified HIV cases (for a new HIV positive rate of 1.1%). One hundred percent of new positives have been linked into care, and identification of known positives through this program has allowed their re-engagement to care. The data collected have been integral in our on-going efforts to devise new ways to reach out to other hard-to-reach communities. A longer and more detailed version of this Rapid HIV Testing effort is attached to this Director's Report.

SFGH-based collaborators for this project were Brad Hare, MD, [chare@php.ucsf.edu](mailto:chare@php.ucsf.edu) and Beth Kaplan, MD, [Beth.Kaplan@emergency.ucsf.edu](mailto:Beth.Kaplan@emergency.ucsf.edu).

### **Therapeutic Drumming Practice Accepted by SAMHSA**

The University of South Florida was awarded a SAMHSA grant to evaluate and select models for Community Defined Evidence Practices. Of the six models that they considered, the Therapeutic Drumming at Instituto Familiar de la Raza was selected for inclusion in the national directory of SAMHSA as a culturally appropriate, community defined evidence intervention and clinical practice.

The Therapeutic Drumming was developed by Sal Núñez, PhD, a psychologist at IFR, full-time faculty member at City College of San Francisco, and founder of Healthy Drumming®. Initially, the practice was designed to engage at risk youth in the Mission District in positive community building, cultural affirmation, and age appropriate intervention. The model is rooted in indigenous medicine and blends conventional and traditional principles into a holistic healing process. Since its inception ten years ago, the practice has expanded to include drumming groups for youth, for violence prevention and a special drumming circle for the entire community. For more information about Therapeutic Drumming, go to <http://www.healthydrumming.org>.

### **American Board of Addiction Medicine**

Congratulations to Barry Zevin, MD, Physician Specialist at Tom Waddell Health Center, and Bob Cabaj, MD, Director of Community Behavioral Health Services, who are among the first physicians in the US certified by the American Board of Addiction Medicine, (ABAM) a new independent medical specialty board. ABAM has begun to certify addiction medicine physicians from a number of specialties such as emergency medicine, family medicine, internal medicine, and even neurology and surgery. Previously, only addiction-related board certification was available for psychiatrists.

It is estimated that one in five Americans entering the healthcare system has a substance abuse problem. With the advent of the ABAM, patients now can find specialized medical care for substance use disorders related to alcohol, tobacco and other addicting drugs including prescription medications.

### **ABB Certification**

Congratulations to Mark Pandori, PhD, on passing the American Board of Bioanalysis (ABB) Certification Exam. Mark has been participating in the California Department of Public Health Laboratory Director Training Program (LabAspire). The program is a leadership development course of study designed to bring the next generation of scientists into the public health laboratory system in California.

### **Events for Youth in BVHP Planned**

The STD Section is collaborating with Internet Sexuality Information Services, Inc. to produce a series of events for youth aged 15-25 and their families who reside in the Bayview-Hunters Point



neighborhood of San Francisco. Called **Get Live, Stay Live**, the series focuses on youth culture combined with sexual health awareness raising activities. The first event was held on July 25 and featured local talent in an all-ages concert at the Bayview Opera House. Promotional materials distributed before the event encouraged youth to get a sexual health check up at a local clinic in exchange for free admission and VIP access to the event. A mobile teen health van was also on site to provide education, testing and referral services.

#### **Communication in Medicine**

Congratulations to Gloria Garcia Orme, who, among other responsibilities, is in charge of Primary Care Medical Specialties and Language Services at SFGH and Bruce Occena, Coordinator of the Videoconference Medical Interpretation Project, for their published submission to the *San Francisco Medical Society Journal* entitled, "Translation and Technology: Interpreter Services at San Francisco General Hospital." A copy of the article is attached.

#### **Commissioner Comment/Requests for Follow-Up:**

Commissioner Waters asked if the black infant health programs will be eliminated. Dr. Katz explained that there is still a chance funding will be provided to the programs and encouraged the Commissioner to express disapproval of the program's cuts.

Commissioner Illig encouraged others to speak out against recent budget cuts.

#### **4) GENERAL PUBLIC COMMENT**

None.

#### **5) FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the activities of the Finance Committee.

#### **Action Taken:**

The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) approved the Consent Calendar of the Finance Committee.

#### **Commission Comments/Requests for Follow-Up:**

Dr. Katz: suggested the Commission explain which budget priorities conflicted with the current budgeting principles as they try to meet the budget target.

#### **6) 2010 – 2013 CHILDREN'S SERVICES ALLOCATION PLAN**

Maria Su, Director, Department of Children, Youth and Their Families presented the 2010-2013 Children's Services Allocation Plan. A copy of her presentation is attached and hereby incorporated into these minutes.

#### **Commission Comments/Requests for Follow-Up:**

Commissioner Tierney asked if the state budget cuts will affect the range of DCYF services. Ms. Su explained that the DCYF is funded mostly by property taxes and the Department but it is still bracing for extensive budget cuts.

Commissioner Sanchez praised the report and asked if Ms. Su's staff monitors the impact of the anticipated outcomes in the next two fiscal years. Ms. Su responded that the department's managers met to discuss how DCYF can upkeep quality of care in its programs. She also noted that DCYF wants to consolidate programs to build rather than recreate programs in order to ensure the most vulnerable programs will survive the budget cuts.

Commissioner Sako asked if DCYF provides services to post-foster care young adults between the ages of 18 and 24. Ms. Su responded that a task force has been formed to request funding for a program that collaborates with SF City College to identify and provide support for this population.

Commissioner Chow asked if DCYF will be doing RFP's and if they are allocation per year amounts. Ms. Su responded in the affirmative to both questions.

Commissioner Chow asked how the RFP is for. Ms. Su responded that it is a three year RFP.

Commissioner Chow asked if the high schools DCYF works in are all public schools and if DCYF has programs targeted at youth in private high schools. Ms. Su responded that DCYF is currently present in all of the public high schools and none of the private schools. She explained that there are not enough resources to fund programs for all of the public schools and expanding programs to private schools is not feasible.

Barbara Garcia praised Ms. Su's leadership at DCYF.

Commissioner Illig praised the report's guiding principles and encouraged Ms. Su and the DCYF to collaborate with the Commission.

## **7) APPROVAL OF THE GOVERNING BODY BYLAWS FOR LAGUNA HONDA HOSPITAL**

Mivic Hirose, LHH Executive Administrator, presented the updated Governing Body Bylaws for Laguna Honda Hospital.

### **Commissioner Comments/Requests for Follow-Up:**

Commissioner Tierney suggested inserting the line, "subject to approval of governing body" to the last line of Article VIII Section 2A. Dr. Katz supported this change to clarify, that the medical staff sets the bylaws, but the bylaws are dependent on the governing body.

Commissioner Illig expressed concern that these bylaws are based on SFGH bylaws even though there is a great difference between the staffs at each hospital.

Commissioner Chow asked what the minor changes that were made to the updated bylaws. Ms. Hirose responded that there was a language in Article VIII, Section 1B that replaces the word "psychiatrist" to "psychologist."

Commissioner Illig suggested striking the last sentence of Article IV Section 3J.

Commissioner Sako requested clarification on the title "Chief Officer" and asked to change the title to Chief Executive Officer.

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, and Waters) voted to approve the Governing Body Bylaws for Laguna Honda Hospital.

8) **OTHER BUSINESS\*\*\***

**JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Illig reported on the August 4, 2009 Finance Committee meeting. He noted that the Committee would like the Commission to revisit budget principles for the upcoming budget meeting. Dr. Katz explained that the State budget may be handled as a mid-year cut that will be addressed the first week of October. Other mid-year budget cuts will be done in consultation with the Mayor and Board of Supervisors and would not take place before October.

Commissioner Illig inquired about the Commission's role during the cuts and suggested that the Commission meet with the Mayor's office to discuss the cuts. He also announced that the San Francisco General Town Hall meets tonight and encouraged attendance at the meeting.

Commissioner Illig explained that the CPMC resolution asked members of the Commission to join a task-force and invited Commissioners to join the task-force.

**COMMITTEE AGENDA SETTING**

Commissioner Illig announced that there will not be a Health Commission meeting on August 18, 2009. He also asked that the September 1, 2009 Health Commission meeting address potential revisions to the current budget principles in preparation for examining the recent budget cuts.

9) **ADJOURNMENT**

The Health Commission adjourned in memory of Jamie Xelowski at 5:27pm.

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James M. Soos  
Acting Health Commission Executive Secretary



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

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Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, September 1, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 21, 2009  
*\*Minutes of the meeting of July 21, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) ACTION ITEM: FINANCE COMMITTEE: CONTRACTS REPORT  
(Jacquie Hale, Manager, Contracts Office)

5A) **Children's Health Council**– Request for approval of retroactive new contract with the Children's Health Council in the amount of \$60,000 per year to provide out-of-county residential mental health services for children and youth for the period of July 1, 2009 through June 30, 2014, for a total contract value of \$336,000, including 12.0% contingency.

\*Calendaring Memo



- 6) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF A RESOLUTION URGING CONGRESS TO REAUTHORIZE THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT**  
(Bill Blum, Interim Director, HIV Health Services)  
*\*Proposed Resolution*
- 7) **FOR DISCUSSION:** **HEALTHY SAN FRANCISCO ANNUAL PROGRAM REPORT (FY 2008-09)**  
(Tangerine Brigham, Director of Healthy San Francisco, Deputy Director of Health)  
*\*Report*
- 8) **FOR DISCUSSION AND PROPOSED ACTION:** **FY 2009-10 STATE BUDGET IMPACT ON DPH**  
(Jim Soos, Assistant Director, Office of Policy & Planning)  
*\*Report and Proposed Resolution*
- 9) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF A RESOLUTION URGING CONGRESS TO INCLUDE A PUBLIC OPTION IN HEALTH REFORM LEGISLATION**  
(James Illig, Health Commission President)  
*\*Proposed Resolution*

10) **OTHER BUSINESS\*\*\***

**FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**

**FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**

11) **CLOSED SESSION**

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**REVIEW OF GOLDEN GATE RESTAURANT ASSOCIATION V. CITY AND COUNTY OF SAN FRANCISCO;**

**APPROVAL OF A SETTLEMENT, JEANNE SCHOENSTEIN V. CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO SUPERIOR COURT, CASE NO. CGC-08-477472;**

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

- D) Reconvene in Open Session





1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

## 12) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal





from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

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## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, September 1, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302

San Francisco, CA 94102

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#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:12 p.m. and dedicated the meeting to Senator Ted Kennedy.

Present: Commissioner James M. Illig, President  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Commissioner Illig gave the following opening remarks:

"America lost a great champion for public health last week when Senator Ted Kennedy died. Because this meeting of the Commission is addressing three public health issues that were important to him, I would like to dedicate this meeting to him, and adjourn in his memory.

Some of you know that I worked for Sen. Ted Kennedy throughout my four undergraduate years at Georgetown, and off and on through graduate school in DC. I was his personal aide, driver, and security staff, working in his Senate office and his home with Joan and Kara, Teddy and Patrick, and I had a unique opportunity to get to know him and what he felt was important.

Sen. Kennedy authored the first Ryan White Act for HIV treatment and support in 1990, with the input of this department and San Francisco's first AIDS services providers, and secured bipartisan support for its passage and subsequent reauthorizations. He strongly supported the current efforts to



reauthorize Ryan White before it sunsets at the end of this month, and we will consider a resolution urging Congress to do that.

He would be as proud as we are about the success of our Healthy San Francisco program, showing the nation that universal health access for the uninsured is not only possible, but at practical and effective way to assure a medical home and comprehensive care for every San Franciscan who lacks health insurance. He'd be very interested in hearing what Tangerine will present to us in the Healthy San Francisco annual report.

And he would appreciate our support for the public option in any national healthcare reform, a cause that defined his life and was very personal to him---with his own broken back from a plane crash, his son Teddy's loss of a leg to bone cancer, his daughter Kara's lung cancer, and the struggles with addiction of his former wife Joan and his youngest son, Patrick. I know that he believed healthcare is a right, not a privilege, and that insuring our health should not be a for-profit business, but a fundamental service of our government.

This Commission's strong support for Ryan White reauthorization, Healthy San Francisco, and the public option in national healthcare reform, provides a lifting tribute to Senator Ted Kennedy, whom many believe was the greatest Senator of our time."

2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 4 2009**

Action Taken: The Commission (Illig, Chow, Sako, Sanchez, Melara, Waters) approved the CPMC resolution presented at the 7/21 meeting and approved the 8/4 minutes with the following modifications: The Laguna Honda Hospital bylaws were approved with the changes made during the 8/4 meeting; the CPMC resolution was unanimously approved at the 7/21 meeting; Commissioner Illig appointed Commissioner Chow, Commissioner Melara and Commissioner Tierney to a task force regarding the CPMC resolution.

3) **DIRECTOR'S REPORT**

**Flu Forum Attracts 100**

This year's annual San Francisco Flu Forum held on August 27<sup>th</sup> attracted a large and mobilized group of individuals concerned about the upcoming flu season. Audience membership varied from clinicians to school personnel to business representatives. The event, cosponsored by the San Francisco Department of Public Health and the San Francisco Immunization Coalition, is designed to address preparations for the upcoming influenza season, along with strategies for prevention and important information about the flu such as vaccine development and availability. Because of the intense focus and public interest in both seasonal and H1N1 influenza, the Forum was also opened to reporters. Nearly 100 individuals attended the two-hour Forum with presentations from Susan Fernyak, MD, Director of Communicable Disease Control & Prevention, Amy Pine, Director, Communicable Disease Prevention Unit, and Olivia Bruch, Infectious Disease Emergency Coordinator. Participants listened to the latest information and planning activities for the upcoming flu season and then had an opportunity to ask questions, voice concerns and network with others in San Francisco who are working to prevent the spread of influenza.

### **Revocation of Food Certificates**

On Tuesday, August 25, the San Francisco Department of Public Health (DPH) sent out 345 letters to San Francisco restaurants that their certification for food safety managers will no longer be recognized as valid as a result of inappropriate testing and certification procedures. We also informed state and county public health authorities throughout California of at least 183 additional restaurants outside of San Francisco whose certifications are similarly affected. Another 78 certifications whose holders list no address have also been identified.

This enforcement action follows an investigation initiated by DPH and conducted by City Attorney Dennis Herrera's office that uncovered significant irregularities in the administration of the exams by three DPH food inspectors working independently and without the authority of the Department.

Herrera's investigation found that numerous Food Safety Certifications had been issued to individuals who never actually took the examination. Other examinees were given the correct answers during the course of the exam, and in still other instances test materials and correct answers were shared with examinees before the test was administered. Two of the three DPH food inspectors are no longer employed with the City, and an investigation continues into the conduct of the third employee.

Restaurants out of compliance will have 60 days to get a new certificate. Environmental Health has scheduled several food safety classes and exams to help the restaurants come into compliance.

### **Laguna Honda Behavioral Health Services Assessment**

As part of the city's compliance with the *Chambers* settlement, Davis Y. Ja & Associates were contracted to perform an assessment of behavioral health services at Laguna Honda. Their report recommends program coordination between Laguna Honda and Community Behavioral Health Services.

The report suggests creation of a standardized assessment, treatment and discharge model for the Laguna Honda Integrated Wellness program (formerly the Psychosocial Program) to emphasize administrative and clinical coordination among the hospital's departments of medicine, psychiatry, nursing, social work, education and training and quality management.

Laguna Honda Administrative, Medical and Nursing executive staffs have prepared a four-part action plan in conjunction with CBHS set to begin in September.

- Implement additional quality improvement measures in the Integrated Wellness program: (a) standardized assessments, (b) standardized care and treatment protocols, (c) clinical standards of practice, (d) staffing models, and (e) staff training programs.
- Correct duplications in charting and database systems.
- Join Community Behavioral Health Services and Targeted Case Management to standardize discharge transition.
- Develop a quality assurance and performance improvement program to monitor outcomes.

### **Adult Immunization & Travel Clinic to Celebrate 10<sup>th</sup> Anniversary with Seasonal Flu Kick-Off**



Staff from the Adult Immunization & Travel Clinic will be kicking off its Seasonal Flu Vaccine program and its 10-year anniversary **on Thursday, September 3 at 11 a.m.** with a media event designed to bring attention to the importance of getting a seasonal flu shot.

“A decade of disease prevention at home and abroad” describes the work of what eventually was voted by the *SF Bay Guardian* to be the “Best Place to Get Shot(s)” in San Francisco. The Adult Immunization and Travel Clinic opened in 1999 in a cramped office space with a nurse, a health educator and a part time medical director. Today, the Adult Immunization and Travel Clinic occupies several rooms, has a staff of 18, including its own medical director, a nurse practitioner and 9 nurses, and is a highly-regarded fee-for-service clinic and high-volume provider of both travel health and general immunization services in San Francisco.

In the course of the past 10 years, AITC has provided preventive health care services for nearly 52,000 individuals visiting the clinic, seeking immunization against preventable diseases or requesting recommendations and medications to maintain their health during international travel. AITC nurses have administered over 150,000 vaccinations of all types, including nearly 50,000 seasonal flu shots given both at the main 101 Grove Street clinic and on-location at dozens of San Francisco businesses, schools, and organizations.

Because this year’s flu season will be arriving with additional strains of flu viruses—seasonal flu plus the newer novel H1N1 (swine) flu, each requiring separate vaccines—the Clinic staff anticipates a high demand for its services.

The Commissioners are welcome to join us for this event.

### ***Health Dialogues* Features Senior Health Inspector on Food Safety**

*Health Dialogues*, a weekly program on KQED 88.5 FM radio that features health-related topics of importance to Californians, spent a day with Senior Health Inspector Sheldon Lew for a special program on Food Safety. A reporter accompanied Inspector Lew as he visited a number of markets and restaurants during a routine day of inspections. The program also looked at how food inspection works at the federal level, new legislation that might affect California’s leafy green growers, and how to test garden soil for lead and other contaminants before growing your own food. The interview aired for 5 days beginning on August 20. An audio-slideshow of the food inspections and a podcast of the show are available at [www.HealthDialogues.org](http://www.HealthDialogues.org).

### **STD Outreach in BVHP**

The STD Section is collaborating with Internet Sexuality Information Services, Inc. to produce a series of events for youth aged 15-25 years old and their families who reside in Bayview-Hunters Point. Called **Get Live, Stay Live**, the series focuses on youth culture combined with sexual health awareness raising activities. The first event was held the end of July featuring local talent in a concert at the Bayview Opera House. Youth who got a sexual health check up at a local clinic were granted free admission and VIP access to the event. A mobile teen health van was also on site to provide education, testing and referral services.

### **STD Trial Recruits 100+ Participants**

The STD Section is participating in a multisite randomized trial of treatment of asymptomatic bacterial vaginosis in young women to determine if this might reduce the incidence of chlamydia and gonorrhea infections. In San Francisco, young women, particularly those of color, are among those at highest risk for chlamydia and gonorrhea. We are pleased to be able to participate in this study that has the potential to provide important data that could improve the sexual and reproductive



health of these young women. The STD Section has recruited over 100 women aged 18-25 to participate.

### **Food Guardian Program to Begin in September**

The Southeast Food Access (SEFA) Working Group, whose mission it is to support access to healthy food and create a robust, sustainable food system in the BVHP, will be launching its Food Guardian program in September. The Food Guardians, funded by the Department of Environment, will be residents of the BVHP recruited to help SEFA accomplish its mission. Specifically they will educate residents about healthy food systems, work with local retailers to improve their offerings and support the burgeoning flock of BVHP urban gardeners. SEFA is co-chaired by Mark Ghaly, MD, Director of SEHC, and Michael Janis, SF Wholesale Produce Market. Susana Hennessey-Lavery and Christina Goette staff the SEFA Working Group.

### **Don't Say Good Bye to Soda-Free Living**

So that everyone is reminded of the importance of maintaining healthy lifestyle choices throughout the year, the Soda Free Summer program wants to remind you that although Soda Free Summer may be drawing to a close, that doesn't mean its time to go back to drinking those sweetened beverages. Drink that great Hetch Hetchy water; flavor it with mint, cucumber or berries for an extra refreshing drink.

### **Journal of Pediatric Infectious Diseases**

Congratulations to Rita Shiau, MPH, Epidemiologist and Erica Pan, MD, MPH, Director, Bioterrorism and Infectious Disease Emergencies Unit, whose work was recently published in the *Journal of Pediatric Infectious Diseases* (JPID) under the title "Epidemiology of community-associated methicillin-resistant *Staphylococcus aureus* in San Francisco children." To see abstracts please visit webpage <http://iospress.metapress.com/content/h0k4753132x8/>.

Dr. Katz provided an update to the Director's Report regarding H1N1. He explained that the H1N1 is expected to become available around 10/20. The first priority group to receive the H1N1 vaccine includes children, pregnant women, and public safety workers. About twenty vaccination centers in San Francisco will be set up during the third and fourth weeks of October to make the vaccines available for the public. Dr. Katz praised the public messages associated with the "Infect Me Not" campaign.

### **Commissioner Comment/Requests for Follow-Up:**

Commissioner Chow asked about the reasons behind the reprioritization of the H1N1 vaccines compared to past prioritizations for the seasonal flu vaccines. Dr. Katz explained that children are of high priority to receive both the H1N1 vaccine and seasonal flu vaccine because they are of especially high risk this year. Unlike past flu seasons, seniors are not at high-risk for H1N1, although the supply of H1N1 vaccines may eventually become available for seniors.

Commissioner Illig asked if restaurant employees have been reeducated on certification procedures. Dr. Katz explained that the certification process is being reinforced and that restaurant employees will undergo the recertification process within 60 days.

Commissioner Chow asked when the restaurants with faulty certification will be reviewed again. Dr. Katz explained that the inspection process requires that every food establishment employ at least one person who passed the certification test and restaurants will be reviewed based on whether employees have taken the test. Dr. Katz also pointed out that at many food establishments, more than one employee has undergone the certification testing process.

#### 4) GENERAL PUBLIC COMMENT\*\*

Evelyn Morales of Laguna Honda Hospital asked the Commission to overturn the pay cut to CNAs. She expressed concern for the potential repercussions of the 17% pay cut on the quality of care.

Valoria Russell-Benson described the nature of work and care provided by CNAs in hospitals.

Dr. Derek Kerr, M.D, CNA of Laguna Honda Hospital elaborated on his experience working as a CNA and strongly spoke against the pay cut t.

Theresa Rutherford, a CNA at Laguna Honda Hospita, highlighted the challenges women face in the workplace. She explained that seeing as a majority of CNAs are women; the pay cuts send a discriminatory message to CNAs.

Mike Dingle of SFGH spoke out against the pay cut, citing that the paycut undermines the hard work CNAs provide patients everyday. He also felt it is unfair that CNA's are at the bottom of the current pay scale.

Damita Davis-Howard of SEIU 1021 stated that the pay cut is devaluing of clerical and CNAs and feels like a value judgment from the Commission. Davis-Howard said that CNAs are primarily women and people of color and feels that the pay cut is discriminatory.

Victor Frontillasn of SEIU 1021 said that the nature of a CNAs work is exhausting, poses a safety risk, and many CNAs work more than one job.

Brenda Veras of SFGH said it was devastating to lose clerks due to the pay cuts and the influx of new employees at the Healthy SF clinic she works has an impact on patient care and services.

Akil Fudail of Laguna Honda Hospital expressed how stressful the pay cuts are. This source of stress will comprise the quality of care CNAs can provide.

Shari Zinn of SEUI 1021 and SFGH expressed concern over how recent pay cuts could jeopardize the quality of care provided at the Avon Center.

Commissioner Illig praised the hard work performed by CNAs and expressed how declassification of CNA positions is undoubtedly difficult, yet better than losing the positions entirely. Commissioner Illig stated that the Mayor and Board of Supervisors have the authority to restore the cuts, not the Health Commission.

#### 5) FINANCE COMMITTEE: CONTRACTS REPORT

Jacque Hale presented the Contracts Report.

##### Action Taken:

The Commission unanimously approved the Contracts Report.

**5A) Children's Health Council**– Request for approval of retroactive new contract with the Children's Health Council in the amount of \$60,000 per year to provide out-of-county residential



mental health services for children and youth for the period of July 1, 2009 through June 30, 2014, for a total contract value of \$336,000, including 12.0% contingency.

Action Taken:

The Commission unanimously approved the new contract with the Children's Health Council.

6) **PRESENTATION OF A RESOLUTION URGING CONGRESS TO REAUTHORIZE THE RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT**

Bill Blum, Interim Director, HIV Health Services, presented the resolution urging Congress to reauthorize the Ryan White HIV/AIDS Treatment Modernization Act.

Action Taken:

The Commission unanimously approved the resolution urging Congress to reauthorize the Ryan White HIV/AIDS Treatment Modernization Act.

Commission Comments/Requests for Follow-Up:

Commissioner Illig expressed concern about the sunset clause in the Ryan White HIV/AIDS Treatment Modernization Act and stressed the importance of the Ryan White HIV/AIDS Treatment Modernization Act.

7) **HEALTHY SAN FRANCISCO ANNUAL PROGRAM REPORT (FY 2008-09)**

Tangerine Brigham presented the Healthy San Francisco Annual Program Report. A copy of her presentation is attached and hereby incorporated into these minutes.

Public Comment:

Dick Hodgson of SFCCC praised the collection of patient feedback on Healthy San Francisco and believed Healthy San Francisco aligns with his clinic's mission. He felt that the clinics are beginning to adjust to the cuts but strive to meet Healthy San Francisco's objectives despite the decreased funding. Mr. Hodgson also praised Healthy Families and discouraged future budget cuts to its programs.

Commission Comments/Requests for Follow-Up:

Commissioner Chow asked about difference between Tables H1 and H2. Ms. Brigham explained that the figures Table H1 represent is what is currently being spent by the City and how new money is being spent, whereas as Table H2 represents how much the whole program costs the city, to operate. She also noted that Table H3 shows how Healthy San Francisco has become the primary program for the uninsured.

Dr. Katz praised Healthy San Francisco's ability to incorporate various preexisting programs into Healthy San Francisco's services.

Commissioner Chow praised Ms. Brigham's work on the report and suggested she explain how the program has maintained the same amount of government funding for the uninsured. Ms. Brigham agreed and said she will include a figure from 2007-2008 to represent the sliding scale payment for that year. Dr. Katz suggested this information be included under Table H2.



Commissioner Sako praised illustrating the costs of Healthy San Francisco in the report and asked if Healthy San Francisco patients who want to go to Chinese Hospital will be referred to or transferred to SFGH. Ms Brigham explained that Healthy San Francisco allows patients to seek care at Chinese Community Hospital.

Commissioner Sako inquired about the true total costs of the uninsured. Ms. Brigham explained that Healthy SF serves a charity care population and it does not cover the cost of inpatient care for Healthy SF Participants at private hospitals. Ms. Brigham stated that she receives data on the costs of services for each participant, but has yet to receive all of this data from hospitals.

Dr. Katz explained that the Health Department gives Chinese Hospital one lump sum of money and does not know how much pays for Healthy SF patients at Chinese Hospital or CPMC. Funding from the Health Department mostly covers expenses for outpatient side care.

Commissioner Illig asked if people who begin treatment under Medicaid are disenrolled from Healthy SF. Dr. Katz answered in the affirmative.

Commissioner Sako asked Ms. Brigham to clarify why mammograms are not included as preventive care under Healthy SF. Ms. Brigham explain that during a patient's visit for another issue, a doctor can recommend a mammogram, even though the primary reason for the medical appointment was not to have a mammogram. This process results in an underreporting in primary care visits. Dr. Katz explained that there is a hierarchy of preventive care. Visits that are preventive mean that someone has no illness prior to a medical appointment.

Commissioner Sanchez praised Ms. Brigham's work on data integration and the overall success of the program.

Commissioner Waters asked why Healthy SF rate of colorectal cancer screenings on Table D8 is lower than other types of preventive screenings. Ms. Brigham answered that Healthy SF is trying to improve this percentage.

Commissioner Illig praised the report and asked if there have been Healthy SF patients who have sought care outside of San Francisco. Ms. Brigham that someone could potentially receive care outside of San Francisco only if they present their Healthy SF card and the hospital attempted to get funding from Healthy SF. To date, there have been no requests from providers outside San Francisco for reimbursement. Dr. Katz added that the bulk of Healthy SF patients would not get charged at other county's hospital due to their income bracket.

Commissioner Illig asked if young workers are feeling that Healthy SF is a viable insurance option. Ms. Brigham stated that the program does not ask for participant's employment status, unless the insurance is provided through an employer.

Commissioner Illig asked should we encourage the Board of Supervisors to make changes to the employer spending requirements on health insurance. Ms. Brigham forwarded this question to Ms. Levitt of the city's office of labor standards enforcement. Department. Ms. Levitt explained that there is no definite answer. Similar legislation was rejected in Maryland and other areas based on the government's inability to dictate the types of benefits that result in higher employer spending requirements on health insurance.

Commissioner Illig expressed concern about data limitation in evaluating Healthy SF. He asked how the Health Commission could help encourage hospitals to show full costs and impacts of the program. Ms. Brigham explained she had great feedback from hospitals and feels that hospitals have done a great job documenting the information she asked for.

8) **FY 2009-10 STATE BUDGET IMPACT ON DPH**

Jim Soos presented the resolution urging the Mayor and Board of Supervisors to protect the Department of Public Health from additional cuts due to state budget reductions. A copy of his presentation is attached and hereby incorporated into these minutes.

Action Taken:

The Commission unanimously approved the resolution after amending the third clause so the amount listed reads \$16.4 million.

Commission Comments/Requests for Follow-Up:

Commissioner Illig noted that other agencies are facing major budget cuts in addition to the Department of Public Health.

9) **PRESENTATION OF A RESOLUTION URGING CONGRESS TO INCLUDE A PUBLIC OPTION IN HEALTH REFORM LEGISLATION**

Commissioner Melara presented a resolution encouraging Congress to include a public option in health reform legislation.

Action Taken:

The Commission unanimously passed the resolution.

10) **OTHER BUSINESS\*\*\***

**JOINT CONFERENCE COMMITTEE REPORTS**

None.

**COMMITTEE AGENDA SETTING**

Commissioner Illig announced that the next Joint meeting of the planning and health commissioner will be held on 9/17 to consider the CPMC IMP. Commissioner Illig asked Commissioner Melara if CHPEC wants to consider the budget principles. Commissioner Melara said the CHPEC agenda is full for 9/15. Commissioner Illig said the full Commission will consider the budget principles on 9/15.

Commissioner Sako requested a hearing on the status of paramedics in firehouses. She requested an overview of the program because DPH is still involved in the EMS system.

11) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

No public comment.

B) **Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)**

The Commission went into closed session at 6:50 p.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Sako, Commissioner Sanchez, Commissioner Waters, Commissioner Melara, Mitchell H. Katz, M.D., and Deputy City Attorney Adelmise Roseme Warner.

C) **Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)**

**REVIEW OF GOLDEN GATE RESTAURANT ASSOCIATION V.  
CITY AND COUNTY OF SAN FRANCISCO;**

This item was postponed to the 9/15 Health Commission meeting.

**APPROVAL OF A SETTLEMENT, JEANNE SCHOENSTEIN V.  
CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO  
SUPERIOR COURT, CASE NO. CGC-08-477472;**

The Commission (Illig, Chow, Melara, Waters, Sanchez, Sako) approved the settlement of Jeanne Schoenstein V. City and County of San Francisco.

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

This item was postponed to the 9/15 Health Commission meeting.

D) **Reconvene in Open Session**

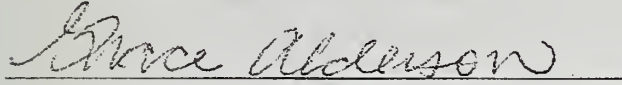
The Commission (Illig, Chow, Waters, Sanchez, Sako, Melara) reconvened in open session at 7:20 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)



12) ADJOURNMENT

The Commission adjourned in honor of Senator Ted Kennedy at 7:23pm.



Grace Alderson

Acting Health Commission Executive Secretary

HEALTH COMMISSION  
City and County of San Francisco  
Resolution No. \_\_ 11-09

**URGING THE MAYOR AND THE BOARD OF SUPERVISORS  
TO PROTECT THE DEPARTMENT OF PUBLIC HEALTH  
FROM ADDITIONAL CUTS DUE TO STATE BUDGET REDUCTIONS**

WHEREAS, the State of California recently cut its FY 2009-10 budget by \$24 billion due to State General Fund revenue shortfalls, including statewide cuts of more than \$2.2 billion to health programs; and

WHEREAS, the Controller's Office is estimating that the City and County of San Francisco is facing a potential \$123.3 million General Fund impact as a result of the State budget cuts; and

WHEREAS, \$86.9 million of the \$123.3 million General Fund impact can be financed leaving a \$36.4 million impact against an \$18.0 million City reserve for State cuts; leaving an \$18.4 million citywide deficit; and

WHEREAS, the Department of Public Health (DPH) estimates that the impact to local health programs could be \$18.X million including reductions to Medi-Cal, Healthy Families, HIV Prevention and Health Services, Substance Abuse Treatment, County Health Services, and Public Health programs; and

WHEREAS, this reduction amounts to an additional 1.2% cut to DPH on top of the 6.5% cut that DPH made during the City's budget process; and

WHEREAS, DPH still faces \$12.3 million in structural shortfalls and unfunded items in its budget that will require mid-year program reductions and staff layoffs; and

WHEREAS, hundreds of people testified before the Health Commission during the most recent budget season about the impact that proposed budget reductions would have on their lives and the lives of others; and

WHEREAS, the Health Commission has a responsibility to maintain the safety net and public health services for San Francisco's most vulnerable residents and is opposed to any cuts in current services that threaten the safety net, and furthermore has the responsibility to inform decision makers about critical health care needs; now, therefore, be it,

RESOLVED, that the Health Commission is deeply concerned about the extent of additional reductions resulting from State budget cuts and the impact on DPH's ability to provide the range of services critical to fulfilling its mission; and, be it

FURTHER RESOLVED, that the Health Commission strongly urges the Mayor and the Board of Supervisors to protect the Department of Public Health from additional cuts due to State budget reductions.

I hereby certify that the San Francisco Health Commission at its meeting of September 1, 2009 adopted the foregoing resolution.

Grace Alderson

Grace Alderson

Acting Executive Secretary to the Health Commission



**HEALTH COMMISSION**  
**City and County of San Francisco**  
**Resolution No. 13-09**

**URGING CONGRESS TO APPROVE THE THREE-YEAR RYAN WHITE  
HIV/AIDS TREATMENT MODERNIZATION ACT REAUTHORIZATION  
BEFORE SEPTEMBER 30, 2009**

WHEREAS, the CDC estimates that 250,000 to 300,000 individuals diagnosed with HIV infection still receive no HIV-related medical treatment, and another 180,000–240,000 do not even know they are infected, meaning that there are at least 430,000 people living with HIV in the U.S. who are not receiving HIV-related medical care; and,

WHEREAS, in 2008, the CDC estimated that approximately 56,300 people were newly infected with HIV in the previous year; and,

WHEREAS, the San Francisco Eligible Metropolitan Area has a population of 1.8 million and an estimated 23,000 people living with HIV/AIDS, approximately 19,000 of whom live in San Francisco; and,

WHEREAS, improved access to care and increasingly effective HIV treatments have resulted in a decline in deaths among persons living with HIV/AIDS, which, in turn, means that there are more people living with HIV/AIDS and, consequently, more people in need of services and adequate health insurance coverage for such services; and,

WHEREAS, the Ryan White Act, now funded at \$7.2 billion annually, is the largest federal discretionary response to the domestic HIV/AIDS epidemic; and,

WHEREAS, Ryan White programs play a pivotal role in providing uninsured or underinsured people living with HIV and AIDS with the care and treatment they need and deserve; and,

WHEREAS, the Ryan White Act addresses the unmet care and treatment needs of individuals living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care; and,

WHEREAS, Ryan White programs include legislative fixes supported by over 275 HIV/AIDS organizations in 45 states, Washington D.C. and Puerto Rico; and,

WHEREAS, Ryan White programs work with cities, states, and local community-based organization to provide services to more than half a million individuals each year; and,

WHEREAS, in December of 2006, the Ryan White Act was reauthorized for a three-year period with a sunset clause. Without action, this critically important legislation will expire on September 30, 2009; and,

WHEREAS, the reauthorization of Ryan White programs will guarantee uninterrupted access to care and treatment of HIV/AIDS for individuals utilizing Ryan White services; and,

WHEREAS, Congress has not addressed the reauthorization of the Ryan White legislation, despite the imminent termination date to ensure that Ryan White programs do not experience service disruptions; now, therefore be it,

RESOLVED, that the San Francisco Health Commission strongly urges Congress to approve the three-year Ryan White HIV/AIDS Treatment Modernization Act reauthorization before it expires on September 30, 2009.

I hereby certify that the San Francisco Health Commission at its meeting on September 1, 2009 adopted the foregoing resolution.

A handwritten signature in cursive script, reading "Grace Alderson", is written over a horizontal line.

Grace Alderson

Acting Commission Executive Secretary

**HEALTH COMMISSION**  
**City and County of San Francisco**  
**Resolution No. \_\_\_\_\_ 7-09**

**URGING CONGRESS TO INCLUDE A PUBLIC OPTION IN HEALTHCARE  
REFORM LEGISLATION**

WHEREAS, healthcare costs in the United States consume 18 percent of the country's gross national product, more than any other industrialized nation in the world, yet the United States ranks 24<sup>th</sup> in life expectancy among developed countries; and,

WHEREAS, there are an estimated 47 million uninsured Americans and 62,000 uninsured San Franciscans; and,

WHEREAS, individuals who are uninsured delay seeking care when they are ill, thus causing greater complexity and more costly healthcare; and,

WHEREAS, uninsured individuals have greater difficulty obtaining needed medical care, have lower health status, and have a greater risk of death than do insured individuals; and,

WHEREAS, the high cost of health care premiums are the principle reason why many employers, particularly small employers, do not offer health care coverage and why many low-income working people cannot afford coverage on their own; and,

WHEREAS Mayor Newsom's 2005 State of the City pledge promised universal health care access to the city's uninsured population; and,

WHEREAS, the City and County of San Francisco has taken the following steps to expand health care coverage since the passage of Proposition J with a 65 percent majority in November 1998: (1) expanded health care coverage to In-Home Support Services (IHSS) workers, (2) launched a pilot program to offer health insurance to low-income child care providers, (3) launched the Healthy Kids program resulting in universal coverage for children in San Francisco, (4) drafted a proposed health insurance coverage component to the Minimum Compensation Ordinance, and (5) launched the Healthy San Francisco program; and,

WHEREAS, the San Francisco Department of Public Health implemented the Healthy San Francisco program in 2007 to make health care services accessible and affordable to uninsured San Francisco residents; and,

WHEREAS, prior to his election in November 2008, President Obama made a promise to prioritize an overhaul of the current healthcare system during his first year in office in order to ensure all Americans are provided with adequate coverage; and,



WHEREAS, in August 2009, President Obama proposed a public healthcare plan that would compete with private insurance companies to make healthcare more affordable for all Americans; and,

WHEREAS, President Obama's proposed public option strives to grant all Americans the security that quality and affordable healthcare will always be available; now, therefore be it,

RESOLVED, that the San Francisco Health Commission strongly urges Congress to support the inclusion of a public health insurance option as an essential component of comprehensive health care reform this year.

I hereby certify that the San Francisco Health Commission at its meeting on September 1, 2009 adopted the foregoing resolution.

A handwritten signature in cursive script, reading "Grace Alderson", written over a horizontal line.

Grace Alderson

Acting Commission Executive Secretary



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

James M. Soos  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, September 15, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 1, 2009  
*\*Minutes of the meeting of September 1, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)
- 6) FOR DISCUSSION: SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE  
(Sue Currin, Executive Administrator, SFGH; Terry Saltz, SFGH Assistant Hospital Administrator; Ron Alameida, SFGH Rebuild Project Manager, Dept. of Public Works)  
*\*Report*





- 7) **FOR ACTION:** **APPROVAL OF THE AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**  
(Todd May, M.D., SFGH Chief of Staff)  
*\*SFGH Medical Staff Bylaws*
- 8) **FOR DISCUSSION:** **FY 2008-09 YEAR-END FINANCIAL STATEMENT**  
(Gregg Sass, Chief Finance Officer)  
*\*Report*
- 9) **FOR DISCUSSION AND POSSIBLE ACTION:** **FY 2009-10 BUDGET STATUS UPDATE**  
(Gregg Sass, Chief Finance Officer)  
*\*Report*
- 10) **FOR DISCUSSION AND POSSIBLE ACTION:** **REVIEW OF HEALTH COMMISSION BUDGET PRINCIPLES**  
(Commissioner James Illig)
- 11) **FOR DISCUSSION** **DISCUSSION ON UPCOMING JOINT HEALTH AND PLANNING COMMISSION MEETING ON SEPTEMBER 17, 2009.**  
(Commissioner James Illig)
- 12) **OTHER BUSINESS\*\*\***
- FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
- FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**
- 13) **CLOSED SESSION**
- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)
- PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**
- D) Reconvene in Open Session
- 14) **ADJOURNMENT**





- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).



### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

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Acting Executive Secretary

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, September 15, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

1) **CALL TO ORDER**

Commissioner Illig called the meeting to order at 4:10pm

Present: Commissioner James M. Illig, President  
Commissioner Sonia Melara, Vice President  
Commissioner Margine A. Sako  
Commissioner Steven Tierney, Ed.D.  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF  
SEPTEMBER 1, 2009**

The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) approved the minutes of the September 1, 2009 meeting with the following modifications: 1.) Under item 10, Commissioner Sako requested an update of the paramedics in firehouses because DPH is still involved in the medical quality of the EMS system. 2). Under item 10, Commissioner Illig, Commissioner Sanchez, and Commission Waters will sit on the Hiring Committee.

3) **DIRECTOR'S REPORT**

**San Francisco General Hospital Long-Term Care Licensing Survey**

San Francisco General Hospital & Trauma Center underwent its annual Long-Term Care licensing survey on September 1-9, 2008. California Department of Public Health (CDPH) surveyors

inspected the Skilled Nursing Facility (SNF) in the Behavioral Health Center as well as the Medical-Surgical SNF in the Main Hospital. The surveyors recommended several areas for improvement, with most of the recommendations requiring only minor improvements. The CDPH surveyors remarked during their exit conference that SFGH has an excellent long-term care program. I would like to specifically thank the hard work of Alfredo Abarca, Peggy Wilson, Yifang Qian, Ana Sampera, Margo Dextrose-Cardova, and the Regulatory Affairs team. Congratulations on a successful LTC licensing survey!

### **U.S. Department of Justice Completes Site Visit to Laguna Honda Hospital**

The U. S. Department of Justice (DOJ) completed its regularly scheduled site visit to Laguna Honda Hospital on September 4. The DOJ clinical consultants are making periodic visits to gauge implementation of the 2008 settlement agreement.

LHH discharge and community reintegration efforts received high marks from the DOJ team members, who said that progress on reintegration has exceeded expectations under the settlement. As a result of the success of the hospital's discharge efforts, the DOJ community living consultants will exercise their option under the settlement terms to forgo the next site visit. Congratulations to Laguna Honda social services director Janet Gillen for a job well done.

DOJ consultants monitoring other LHH quality improvement initiatives urged nurses, physicians and medical records custodians to capture more accurately the care being delivered by improving chart notes and coding practices. Chart and coding improvements will be the focus of work leading up to the next visit, scheduled for January 25, 2010.

### **SF FIRST Program Featured on KALW**

SF FIRST (San Francisco Fully-Integrated Recovery Services) serves vulnerable homeless and marginally housed clients and is a partnership between DPH, the Human Services Agency, and Community Awareness & Treatment Services (CATS). In addition to providing outreach, case management and medical care, SF FIRST promotes recovery and independence among its clients by providing vocational rehabilitation, recreation, and peer services.

SF FIRST initiated a unique 12-week client-guided program, POWER (Peer Outreach Workers Exemplifying Recovery) to address the quality of life of their clients and to help them help themselves to meaningful living. POWER was recently featured in public radio KALW's (91.7 FM) *Cross Currents* broadcast, aired on 8/24/09. The report was also carried nationally on NPR. Here is a link to the podcast: [http://www.crosscurrentsradio.org/podcast/?p=episode&name=2009-08-24\\_web\\_2009\\_08\\_24.mp3](http://www.crosscurrentsradio.org/podcast/?p=episode&name=2009-08-24_web_2009_08_24.mp3).

### **SFGH Makes Additional Strides in HIV/AIDS Care**

SFGH has become the first hospital-based lab in the United States to offer a prospective test for HIV patients who are considering abacavir antiretroviral drug therapy. For some patients, this medication can cause a serious and often fatal skin condition known as Stevens Johnson Syndrome. It is therefore crucial to find out who is a good candidate for abacavir and who is not.

Alan Wu, Ph.D., Chief of the Clinical Chemistry Laboratory and Brad Hare, MD, of the Positive Health Program, worked with researchers from Perth, Australia to devise a test that can answer the question in days that used to take weeks and require a costly trip to an outside lab.

We are proud to note another successful innovation from the clinical staff of SFGH and congratulate them and all of the staff who worked on this project.



### **HIV Prevention Section Presents at National HIV Prevention Conference**

At the recent National HIV Prevention Conference, the HIV Prevention Section gave multiple presentations on San Francisco's current prevention efforts, including one by Dr. Moupali Das-Douglas, "Population-Based Monitoring of ART Effectiveness--Correlates of Virologic Suppression and Extremely High Viral Loads." This analysis looked at all the HIV-positive people in San Francisco who were receiving antiretroviral therapy and examined what factors were associated with a good clinical outcome (undetectable viral loads <75 copies) and an undesirable clinical outcome (viral loads more than 100,000 copies). Geographic disparities such as living in a neighborhood with low median household income or being homeless, and clinical disparities, including lack of engagement in primary care, were associated with having extremely high viral loads. These findings suggest that efforts to continue to address these disparities, such as efforts to increase access to and engagement in care, and to provide supportive housing for HIV/AIDS patients, could improve virologic outcomes and health. Additional presentations highlighted San Francisco's efforts to expand rapid HIV testing and detect recent (acute) HIV infection.

### **Feeling Good Project Celebrates National Fruit & Vegetable Month**

On September 16, the Feeling Good Project will be hosting a table at the Heart of the City's Farmers Market in the Civic Center from 10 a.m. to 1 p.m. This is an annual event that the nutritionists and health workers plan to raise the public's awareness of the importance of incorporating more fruits and vegetables into our diet. During the Farmer's market staff from the Feeling Good Project will be distributing nutrition education materials and cookbooks and providing special thank you gifts to the farmers who grow and bring this important fresh food resource to our city. For more information on the Feeling Good Project go to:

<http://www.sfdph.org/dph/comupg/oprograms/MCH/FeelingGood.asp> or call 575-5689.

### **Laguna Honda Hospital Welcomes New Chief Financial Officer**

I am pleased to announce the hiring of Tess Navarro as Chief Financial Officer (CFO) for Laguna Honda Hospital and Rehabilitation Center. Tess has been the CFO of the City's Health Service System since 2005. She has an excellent record of managing complex accounting and fiscal operations in a health care setting, and we are confident that her leadership and technical skills will be a good match for Laguna Honda at this important moment in its organizational development.

*I also want to extend our appreciation and thanks to Valerie Inouye for her hard work in providing the leadership as CFO for both San Francisco General and Laguna Honda for the past few years.*

### **COMMUNITY HEALTH NETWORK SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER**

September 2009

**Health Commission - Director of Health Report**  
(08/31/09 MEC)

	09/09	07/09 to 06/10
New Appointments	25	55
Reinstatements		1
Reappointments	46	99
Delinquencies:	0	0

Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>18</b>	<b>46</b>
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>	<b>0</b>	<b>0</b>
<b>Changes in Privileges</b>		
Additions	7	12
Voluntary Relinquishments	2	14
Proctorship Completed	7	42
Proctorship Extension	0	0

<b>Current Statistics – as of 08/17/09</b>		
Active Staff	515	
Courtesy Staff	581	
Affiliate Professionals (non-physicians)	242	
<b>TOTAL MEMBERS</b>	<b>1338</b>	

<b>Applications In Process</b>	<b>20</b>
<b>Applications Withdrawn Month of September 2009</b>	<b>2</b>
<b>SFGH Reappointments in Process 10/2009 to 12/2009</b>	<b>146</b>

Dr. Katz noted that the H1N1 vaccines will be available sooner than previously thought. DPH recently received a grant for \$280,000 from an anonymous foundation to help with the H1N1 response. Dr. Katz explained that some of this grant money will fund health care workers to answer the public's case-specific questions regarding H1N1 throughout the year.

Commissioner Illig asked if senior citizens will remain towards the lower end of the priority list for the H1N1 vaccine. Dr. Katz responded that the supply of vaccines may be limited this fall, but if initial delivery of supplies is large, then seniors will likely receive the vaccine. Seniors are not as of high risk for H1N1 than other groups, such as pregnant women and children.

Commissioner Sanchez suggested that in light of the alleged 2,000 cases of H1N1 at Eastern Washington University and the media attention regarding H1N1 has attracted, it is important to make sure DPH disseminates accurate information and valid protocol to the public to stop the spread of misinformation as the flu season approaches.

#### 4) GENERAL PUBLIC COMMENT\*\*

None.

5) **CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT**

Commissioner Melara presented the Citywide Health Planning and Effectiveness Committee Report. She gave an update on the progress of the San Francisco Health Report Card.

6) **SAN FRANCISCO GENERAL HOSPITAL REBUILD UPDATE**

Sue Currin, Executive Administrator, SFGH; Terry Saltz, SFGH Assistant Hospital Administrator; Ron Alameida, SFGH Rebuild Project Manager, Dept. of Public Works presented an update on the SFGH Hospital rebuild. A copy of this presentation is attached and hereby incorporated into these minutes. Ms. Currin, Ms. Saltz, and Mr. Alameida emphasized the timeline, budget and bond sale, job creations and local business enterprises associated with the rebuild.

Commissioner Comments/Requests for Follow-Up:

Commissioner Tierney praised how the rebuild strives to improve care for both seniors and young people.

Commissioner Waters asked if SFGH's Emergency Department will be fully functional throughout the rebuild. Mr. Alameida answered in the affirmative.

Commissioner Illig asked Ms. Currin about the total number of inpatient psychiatry beds. Ms. Currin responded that the current plans are for 50 acute and 18 non-acute beds, totaling 68 psych beds that will remain in the current building.

Commissioner Illig asked how much the SFGH Foundation Committee is seeking to raise of the \$130 million cost of the Furnishing, Fixtures, and Equipment. Ms. Currin responded that the SFGH Foundation Committee will strives to raise half of that amount

Commissioner Illig inquired where the remaining funding for the rebuild would come from if the SFGH Foundation raises half of the total amount needed. Dr. Katz answered that the General Fund would cover the rest.

Commissioner Sanchez praised the collaboration between program planning and outreach throughout the rebuild.

Commissioner Sako asked Mr. Alameida to describe the construction bidding process. Mr. Alameida explained that there is a stream of bidding activities broken down by project that are integrated with general contractors. The primary bids have gone out, and one bid has already come in at about \$16 million. Smaller bids for other projects, such as creating handicapped parking, are in the process of being negotiated with local businesses.

Commissioner Sako asked what the original estimates were and what the bids are now. Mr. Alameida responded that the next bid package of \$35 million will come in soon and that overall, bids are coming in below the budgeted amount for the project. More bids will be available around March, 2010.



Commissioner Illig praised the list of communication activities and encouraged the administrators at SFGH to meet with smaller community groups.

Commissioner Illig drew attention to the letter from a parent of a patient, which praised the medical personnel at SFGH

7) **APPROVAL OF THE AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

Todd May, M.D., SFGH Chief of Staff presented the amendments to the SFGH Hospital Medical Staff Bylaws. Dr. May highlighted two major changes to bylaws. Article 6 outlines the new hospital wide code of conduct in order to advance patient safety and meet a joint commission mandate. Article 10.16 has been changed to advance patients safety and performance improvement.

**Action Taken:**

The Commission (Illig, Melara, Sanchez, Tierney, Waters, Sako) unanimously approved the amendments to the San Francisco General Hospital Staff Bylaws.

8) **FY 2008-09 YEAR-END FINANCIAL STATEMENT**

Gregg Sass, Chief Finance Officer, presented the 2008-2009 Year-End Financial Statement. Sass reported that DPH currently has a surplus of \$42,736,000 and experienced an \$8.35 million improvement during the fourth quarter. Mr. Sass noted that these results are preliminary and changes may be made through November 2009. A copy of his presentation is attached and hereby incorporated into these minutes.

**Commissioner Comments/Requests for Follow-up:**

Commissioner Illig asked if DPH could have avoided the mid-year cuts and still been financially stable. Mr. Sass explained that the budget cuts were inevitable. The federal stimulus money received was attributed to the 2009-10 budget and could not be applied to 2008-09 budget and prevent the mid year budget cuts.

Commissioner Illig asked how much of the promised HCCI funds were collected from Health San Francisco last year. Mr. Sass reported that last year the amount was closer to \$15 million. Mr. Sass explained that as more people enroll in the program, the cost of the service increases. Additionally, the grant awarded to the program defined the poverty level lower than what DPH anticipated. These changes hindered the ability to enroll as many people as possible under HCCI funding for Healthy San Francisco.

Commissioner Illig asked if the \$75 million awarded over three years will be lowered to \$50 million. Mr. Sass answered in the affirmative and noted that the eligibility criteria were narrowly defined by the Federal government.

8) **FY 2009-10 BUDGET STATUS UPDATE**

Gregg Sass, Chief Finance Officer, gave an update on the FY 2009-2010 Budget Status. Mr. Sass emphasized the cuts and restorations, noting that the majority of restorations were service related. Mr. Sass reported that the final budget includes \$42.5 million in reductions. A copy of his presentation is attached and hereby incorporated into these minutes.

#### Commissioner Comments/Requests for Follow-up:

Commissioner Sako asked about positions that were restored in the budget and if the proposed restorations will affect planned layoffs.

Commissioner Melara asked if anyone has spoken with the Mayor's Office regarding the cost benefit analysis of cutting clerical positions. Dr. Katz noted that DPH is the only department that has eliminated almost all of the secretaries. He noted that this choice was not desired that DPH may be able to hire new employees who are not clerical workers, but have the skills to perform some clerical responsibilities.

Commissioner Tierney suggested that laying off nurses would force the Board of Supervisors to reconsider their budget principles. Dr. Katz noted that it is early in the budget process and there is no target yet for midyear cuts.

Commissioner Waters expressed agreement regarding the adverse secondary effects on quality of care that could result from laying off clerical staff.

Commissioner Sako inquired if the City can mandate furloughs. Mr. Sass explained that the City cannot order a furlough because of the structure of union MOUs. The City and the unions, however, could agree to furloughs.

Commissioner Illig expressed concern about the structural costs that result from overspending. Commissioner Illig urged the Commission to pay close attention to which cuts the Board of Supervisors restores. He suggested the Commission investigate which services can be contracted out to prevent future layoffs.

#### **10) REVIEW OF HEALTH COMMISSION BUDGET PRINCIPLES**

The Commission agreed to postpone the review of Health Commission Budget Principles to the October 6, 2009 Health Commission meeting.

#### **11) DISCUSSION ON UPCOMING JOINT HEALTH AND PLANNING COMMISSION MEETING ON SEPTEMBER 17, 2009.**

Commissioner Illig confirmed the Commissioners' attendance to the September 17, 2009 Joint Health and Planning Commission meeting. Commissioner Tierney is the only Commissioner unable to attend. He urged the Commission to think about what should be accomplished at this meeting.

Commissioner Sako asked if the subcommittee on the CPMC IMP met. Commissioner Tierney reported that the subcommittee on the CPMC IMP, whose members include Commissioners Tierney, Chow, Melara, and two community representatives, has yet to meet.

Commissioner Sako suggested future PowerPoint presentations to the Health Commission be limited to 12 slides or less. Presenters may assume that the Commission has reviewed the material prior to the meeting.

Commissioner Melara stated that the Health Commission is responsible for reviewing agenda items and background materials prior to the meetings in order to maximize productivity during the meetings. She suggested Health Commission meetings be limited to two hours.

12) **OTHER BUSINESS\*\*\***

**JOINT CONFERENCE COMMITTEE REPORTS**

None.

**COMMITTEE AGENDA SETTING POSSIBLE ACTION:**

None.

13) **CLOSED SESSION**

The Commission postponed the Public Employee Performance Evaluation of Director of Health, Mitchell H. Katz, M.D. to the October 6, 2009 Health Commission meeting.

14) **ADJOURNMENT**

The Commission at 6:10p.m.

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Grace Alderson  
Acting Health Commission Executive Secretary

Attachments (3)



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

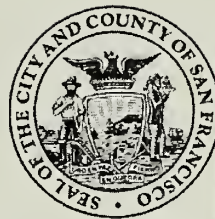
Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Grace Alderson  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, October 6, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 15, 2009  
*\*Minutes of the meeting of September 15, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF THE ST. MARY'S MEDICAL CENTER INSTITUTIONAL MASTER PLAN  
(Anne Kronenberg, Deputy Director of Health, Process for DPH Review of St. Mary's Institutional Master Plan)



*\*Report*

- 7) **FOR DISCUSSION:** **H1N1 INFLUENZA PLANNING UPDATE**  
(Erica Pan, M.D., MPH, Director of Bioterrorism and  
Infectious Disease Emergencies)  
*\*Report*
- 8) **FOR DISCUSSION AND** **REVIEW OF HEALTH COMMISSION BUDGET**  
**POSSIBLE ACTION:** **PRINCIPLES**  
(Commissioner James Illig)
- 9) **OTHER BUSINESS\*\*\***
- FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
- FOR DISCUSSION AND** **COMMITTEE AGENDA SETTING**  
**POSSIBLE ACTION:**
- FOR DISCUSSION AND** **EXECUTIVE SECRETARY POSITION**  
**POSSIBLE ACTION:**
- 10) **CLOSED SESSION**
- A) **Public Comments on All Matters Pertaining to the Closed Session**
- B) **Vote on Whether to Hold a Closed Session (San Francisco Administrative Code  
Section 67.11)**
- C) **Closed Session Pursuant to Government Code Section 54956.9 and San Francisco  
Administrative Code Section 67.10(d)**
- REVIEW OF GOLDEN GATE RESTAURANT ASSOCIATION V.  
CITY AND COUNTY OF SAN FRANCISCO;**
- PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**
- D) **Reconvene in Open Session**

11) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.





\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's





business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

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## HEALTH COMMISSION

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, October 6, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:09pm

Present: President James M. Illig  
Vice President Sonia E. Melara  
Commissioner Edward A. Chow, M.D.  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Ph.D.  
Commissioner Steven Tierney, Ed.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 15, 2009

The Commission approved the minutes of the September 15, 2009 meeting without modification.

#### 3) DIRECTOR'S REPORT

##### **The Big Rumble**

This year marks the 20th anniversary of the Loma Prieta earthquake. The Big Rumble commemorates the anniversary with a week-long series of special events designed to connect the community with preparedness resources. Events will include:



- The Big Rumble Kick-Off Event and Panel Presentation. October 13, 3:30 to 7:00 p.m., North Light Court, City Hall.
- Viewing of the film "5:04 PM", a documentary about the Loma Prieta earthquake and the World Series Earthquake Game as experienced by fans in attendance. October 14, 6:30 p.m., Koret Auditorium, Main Library. Go to [www.thebigrumble.org](http://www.thebigrumble.org) for additional viewing times.
- The Great California Shake Out Drill, a statewide "Drop, Cover and Hold" exercise. October, 15, 10:15 a.m. To participate, register at [www.shakeout.org/sanfrancisco](http://www.shakeout.org/sanfrancisco).
- The Big Rumble Preparedness Fairs, four locations throughout San Francisco. October 17, 11:00 a.m. to 4:00 p.m.
- "Where were you in '89" block parties in local communities. October 17, as scheduled.

As a lead organizer and sponsor of The Big Rumble, the Department of Public Health will have staff presenting in the panel discussion as well as performing Influenza Prevention Outreach at each Preparedness Fair. DPH will also be displaying disaster response assets on the Marina Green, October 17.

I hope the Commissioners will find time to participate in these events as time and interest allow. The website [www.thebigrumble.org](http://www.thebigrumble.org), offers detailed information. Rebekah Varela, Preparedness Coordinator, 554-2894, is the staff contact.

### **State Surveyors at SFGH**

A survey team from the California Department of Public Health arrived at San Francisco General Hospital and Trauma Center on Tuesday September 29 for a top-to-bottom survey to determine compliance with the Medicare terms of participation. The inspection by registered nurses, pharmacists, facilities evaluators, dietary consultants and a physician is expected to take a week.

### **Groundbreaking Set for October 22**

This is a reminder that the formal San Francisco General Hospital groundbreaking ceremony is scheduled for Thursday, October 22 at 1 p.m. on the main lawn where the new facility will be erected. By now, each of the Commissioners should have received an invitation from Sue Currin, CEO at SFGH. I hope the Commissioners will join Mayor Newsom, Sue Currin and a host of other San Francisco dignitaries and well-wishers for this celebration and milestone event.

### **DOC Activated to Coordinate H1N1 Swine Flu Response**

In our on-going effort to coordinate activities related to the H1N1 Swine Flu pandemic, DPH did a virtual activation our DOC on Monday, September 28. By instituting a virtual activation rather than a facility-based DOC, staff is able to participate from their personal workstations and attend to their daily workload while, at the same time, respond to the H1N1 Swine Flu related activities. This minimizes the disruption of the normal daily Department's operations.

At this time we do not think the City's EOC needs to be activated. One of the primary efforts is directed at planning for the H1N1 Swine Flu vaccination clinics at the end of the month when the vaccine arrives. This is an immense undertaking and is going to require reassignment of staff along with a targeted push to recruit volunteers from the public to help at all of the clinic sites. We are grateful to the Department of Emergency Management and representatives from the San Francisco Fire Department for helping us with our planning efforts.

### **San Francisco Vital Records Office Gets Accolades from State of CA**

The State Office of Vital Records has recognized San Francisco's efforts to improve the reliability and quality of death registration data. As a result, San Francisco is one of a few counties that no longer will be required to print and mail copies of death certificates to the State. Death certificates are accessible from the State's Electronic Death Registry System (EDRS). This will save time, paper and rewards San Francisco for good performance.

Additionally, Karen MacKenzie, Manager of the Chief Deputy Registrar for the Office of Vital Records, has been delegated responsibility for State EDRS training for mortuaries and county vital records personnel in this region, as the State no longer has staff resources to conduct training.

### **San Francisco Submits Comments to FDA on New Tobacco Regulations**

The Mayor's Office requested technical assistance from the Tobacco Free Project in preparing comments to the FDA regarding new tobacco regulations. Included in the Mayor's comments were that the FDA should: (1) Take no action that would interfere with or preempt state or local laws regulating tobacco products; (2) Encourage local governments to complement FDA jurisdiction by acting in those areas the FDA is not authorized to act such as banning tobacco product sales in particular types of retail outlets, such as pharmacies and those that admit persons under 18; (3) Enlist local enforcement assistance and provision of funding for enforcement; (4) Expand sponsorship ban to include tobacco company corporate name sponsorship; (5) Expand product standards to ban menthol flavoring; (5) Issue regulations regarding E cigarettes; and (6) Expedite adoption of graphic warning label regulations, including a warning that smoking can cause impotence, within 6 months and implementation within one year.

### **Safe Routes to School Program**

The ShapeUp Coalition is kicking off a "Safe Routes to Schools" program on October 7 at the Longfellow Elementary School in the Outer Mission. Under the leadership of DPH, the ShapeUp Coalition won a \$500,000 grant from the CA Department of Transportation to establish a comprehensive Safe Routes to School program for the City's elementary schools. Longfellow Elementary School was among five other schools selected to participate in the first year. Each of these schools are unique in that at least 68% of the student body lives within one mile of their classrooms, providing an excellent opportunity to walk and bicycle to and from school.

Supervisor John Avalos and Superintendent Carlos Garcia will be on hand to kick off the event that emphasizes student safety, physical exercise and healthy lifestyle choices.

### **Retailers Pledge not to Sell Candy Containing Lead**

As part of a Public Health Trust Lead in Candies Grant awarded to the Bay Area Counties "Get the Lead Out Coalition," the DPH Childhood Lead Prevention Program (CLPP) spearheaded a Retailer Outreach Strategy to educate retailers about the danger of lead in some popular imported candies. From November 2008 through August 2009, seven *promotoras* from community subcontractor, La Raza Centro Legal, distributed lead awareness and education materials to over 500 retailers in the Mission and outer Mission districts. They provided the stores with flyers, FAQ sheets developed by California Poison Control and other lead education materials. The *promotoras* spoke directly to managers and owners requesting that they sell State Health Department-audited candies. After consulting with the *promotoras*, many of the business owners agreed to sell only tested safe candies and to post the "Lead Free Candy" poster in their stores. Many thanks to CLPP Program Director Joe Walseth and Health Educator Cynthia Melgoza, who lead this effort on behalf of DPH.

### **Life-Threatening Risk Posed by Cocaine Laced with Veterinary Anti-Parasite Drug**

SAMHSA recently alerted medical professionals, substance abuse treatment centers, and other



public health authorities about the risk that substantial levels of cocaine may be adulterated with levamisole—a veterinary anti-parasitic drug. Nationally there have been approximately 20 confirmed or probable cases of *agranulocytosis* (a serious, sometimes fatal blood disorder), including two deaths, associated with cocaine adulterated with levamisole. The number of reported cases is expected to increase as information about cocaine adulterated with levamisole is disseminated.

### **SHOP Grant Awarded to CBHS**

Community Behavioral Health Services (CBHS ) was awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Targeted Capacity Expansion grant for Substance Abuse Treatment and HIV/AIDS services. The grant will be used by Southeast Health Opportunities Project (SHOP) to serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnysdale neighborhoods that are impacted by substance use and abuse and HIV/ AIDS. CBHS and its partners will implement this project. The program will focus on low-income individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system and are in need of comprehensive treatment services. At least 300 people will be served annually. The contract award is in the total amount of \$2,250,000 (\$450,000/yr \* 5yrs).

### **Adult Travel & Immunization Clinic Featured in Chronicle Story**

The October 1 issue of the *San Francisco Chronicle* featured an article by Heather Knight about a relatively new group of individuals who, after having lost their jobs to the recession, decide to go abroad to work or volunteer with non-profit organizations. One of the early stops in their journey is to visit the Adult Travel & Immunization Clinic where they come for immunizations and advice on how to stay healthy while abroad. Their stories can be found at <http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2009/10/01/BA6N19ULQG.DTL>.

### **New Chief Medical Officer at SFGH**

I am pleased to announce the appointment of Hal F. Yee, Jr., M.D., Ph.D., as the new Chief Medical Officer at San Francisco General Hospital. Dr. Yee began his new responsibilities on September 1, 2009.

Dr. Yee is the William and Mary Ann Rice Memorial Distinguished Professor of Medicine at UCSF, and will continue in his roles as Chief of Gastroenterology and Hepatology at SFGH and Director of the Center for Specialty Access & Quality. He served as interim Chief of Medical Services at SFGH from October 2007-April 2009. In his nearly 5 years at SFGH, Hal has contributed to patient care quality and safety in numerous ways, most notably by conceiving eReferral. He was recently recognized with a Hero award from the SFGH Foundation. His current research focuses on improving access to and the quality of specialty care by enhancing the primary care provider-specialist interaction.

Please join me in congratulating Dr. Yee and extending your support for his new role as Chief Medical Officer.

### **Chief of Emergency Services at SFGH**

After a year long and thorough national search, I am pleased to announce that Dr. Chris Barton has accepted the position of Chief of Emergency Services at San Francisco General Hospital. Dr. Barton has carried out these responsibilities as interim Chief for over a year, and has shown excellent administrative leadership and a willingness to take on very difficult decisions during this time of major transition. I look forward to working with Dr. Barton in his new permanent role.



### **CDC Grant Funds Epidemiologist to Track Chronic Hepatitis B & C**

Melissa Sanchez, PhD, has joined the Communicable Disease Control Unit as a Supervising Communicable Disease Epidemiologist. Melissa will serve as director for the Chronic Viral Hepatitis Surveillance project, which is funded by a grant from the Centers for Disease Control and Prevention (CDC). The grant enables DPH to characterize the epidemiology of chronic hepatitis B and C in San Francisco through a population-based surveillance program. She will also be working on CDC Public Health Preparedness grant-funded projects to improve the Department's ability to detect, investigate and monitor disease trends and outbreaks.

Prior to coming to DPH, Melissa was an epidemiologist with the California HIV/AIDS Research Program within the University of California, where she served as the Co-Investigator for the California-Mexico AIDS Initiative. I know the Commissioners join me in welcoming Ms. Sanchez to DPH.

### **Recycle Your Old Cell Phones During Domestic Violence Awareness Month**

This final notice comes from the Department on the Status of Women and the Department of the Environment who have teamed up during Domestic Violence Awareness Month for the Second Annual Cell Phone Drive for City Employees.

Any City employee, including commissioners, can bring their old cell phone - working or not - to the Department on the Status of Women for recycling. Donated phones will be sent to a recycling facility where reusable materials are reclaimed and cell phones in good working order are refurbished and distributed back to local community-based organizations working to help survivors of domestic violence lead violence free lives.

Phones can be sent via inter-office mail to the Department on the Status of Women or dropped off in person at 25 Van Ness Avenue, Suite 130. For more information, call 252.2570 or visit [www.sfgov.org/dosw](http://www.sfgov.org/dosw).

# Laguna Honda Hospital and Rehabilitation Center

## SEPTEMBER

### Health Commission – Director of Health Report (August 13, 2009 and September 11, 2009 MEC)

	08/09-09/09	09/09-10/09
<b>New Appointments</b>	0	0
Reinstatements		
<b>Reappointments</b>	3	3
Delinquencies:		
Reappointment Denials:		
<b>Resigned/Retired:</b>	0	0
<b>Disciplinary Actions:</b>		
<b>Restriction/Limitation-Privileges</b>	0	0
<b>Deceased</b>	0	0
<b>Changes in Privileges</b>	0	0
Additions		
Voluntary Relinquishments		
Proctorship Completed		
Proctorship Extension		

#### Current Statistics – as of 9/09

Active Staff	87
Applicants	9
<b>Total Members</b>	<b>96</b>

Dr. Katz mentioned that Mayor Newsom facilitated a negotiating session with the SEUI regarding the CNA and clerical staff layoffs. No resolution was reached at this meeting. The layoff notices go into effect November 15, 2009.

Commissioner Chow asked Dr. Katz to comment on a recent news column regarding the local impact of the state budget cuts. Dr. Katz explained that there was a total General Fund impact of \$26.5 million, and \$18 million of that is covered by the funds set aside in the current budget for this purpose. The local impact was reduced further by \$6.25 million due to changes in the MediCal allocation and using federal funds to cover reductions to immunization programs. The Mayor's proposed solution for the remaining \$2.25 million includes not backfilling Prop. 99 funds that would go to private hospitals' emergency rooms (\$1.1 million), only partial backfill for Prop. 36

and MediCal reductions to drug and alcohol programs (\$.85 million), and using federal Medicaid revenue for some Maternal and Child Health programs (\$.30 million).

**4) GENERAL PUBLIC COMMENT**

There was no general public comment.

**5) FINANCE COMMITTEE REPORT**

Commissioner Tierney provided an updated on the Finance Committee. He announced that the Contracts Report including a request for a premium increase for the Healthy Kids program was approved and the Committee began an ongoing discussion on how to revise the Health Commission Budget Principles. Commissioner Tierney praised the extensive Grants Report put together by Anne Okubo and Jacque Hale.

Action Taken:

The Commission unanimously approved the Consent Calendar of the Finance Committee.

**6) CONSIDERATION OF THE ST. MARY'S MEDICAL CENTER INSTITUTIONAL MASTER PLAN**

Anne Kronenberg, Deputy Director of Health, and Amalia Egri Freedman, Resource Development Associates, presented the preliminary findings from the review of the CPMC Institutional Master Plan (IMP). Ms. Kronenberg asked for the Commission's input for the IMP analysis before a finalized version is presented on November 17. Anna Cheung, CEO of St. Mary's Medical Center, noted that SMMC's IMP has not been updated since 1987 and explained that the proposed technological updates for cancer and vascular services will greatly contribute to the quality of care provided at SMMC. Dr. Richard Podolin, Chief of Staff at St. Mary's, talked about the importance of SMMC as a community hospital, and stressed the necessity for the proposed Cancer and Vascular Services renovation. Ms. Freedman reviewed the renovations outlined in the IMP and summarized the review process. A copy of their presentation is attached and hereby incorporated into these minutes.

Commissioner Comments/Requests for Follow-Up:

Commissioner Illig reminded the Commission that no voting will occur on the SMMC IMP at this meeting, and noted that the Commissioners had not received a copy of the IMP to review before this meeting, as was the case with the Plans for St. Francis and CPMC. He has read the IMP and said that the majority of the Plan describes limited changes to cancer and vascular services over the next 5 years, within a context of possible additional changes to the hospital campus over 10 years.

Commissioner Melara asked about the occupancy rate at SMMC and if there is data on what the occupancy rate will look like in subsequent years. Ms. Freedman responded that the occupancy rates may not be the best indicator of total system capacity with an emphasis on preventive care. She suggested focusing on the capacity and range of services based on demand as a better indicator of need.



Commissioner Tierney suggested Ms. Freedman conduct interviews with staff of the Department's AIDS Office or members of the HIV Health Services Planning Council because St. Mary's provides significant HIV primary care at its clinic.

Commissioner Chow requested more detail be included on SMMC's clinic facilities in the final analysis. He asked how St. Mary's capacity will change in the future as a result of the upcoming renovations, and specifically, whether any beds would be reduced or relocated. Ms. Freedman stated that there would be no change in the number of beds and that this concern will be addressed in further detail in the final analysis. Commissioner Chow also suggested including a patient as one of the interviewees in the IMP evaluation process.

Anne Kronenberg noted that the Institutional master Plan is presented in two parts, with short term and long term goals. The entire IMP outlines the next ten years and consists of general visions as well as smaller, short-term projects.

Commissioner Sako asked if the IMP should be revisited every two years. Pamela Duffy, Land Use Attorney for SMMC, explained that the planning code requires every IMP be updated or revised every 2 years. Anne Kronenberg added that if there are no changes in the 2-year update, it would not come before the Health Commission for review. Ms. Kronenberg explained that a complete IMP must be submitted and reviewed every ten years, but if changes are made before ten years have passed, the update is referred to the Department for analysis, and then to the Health Commission.

Commissioner Chow asked if the 58% occupancy rate is based on licensed beds, and Ms. Freedman answered in the affirmative. Commissioner Chow asked if Father Charles Gagan was interviewed as a representative of USF. Ms. Freedman said Father Gagan was interviewed as a neighbor, not as a representative of USF.

Commissioner Sanchez praised Dr. Podolin's comments pertaining to the mission of St. Mary's. He spoke of his familial ties to SMMC and asked the IMP evaluators to consider the financial limitations that could impact the quality of care provided to patients at SMMC.

Commissioner Illig asked what the interviewees were told about the IMP prior to their interviews. Ms. Freedman responded that the interviewees were provided with a one-page summary of the IMP. She stressed that the evaluators did not interpret any information for the interviewees. Ms. Freedman said that the final analysis will provide more context for the proposed changes and the health impacts it will have on the city.

## 7) H1N1 INFLUENZA PLANNING UPDATE

Mitch Katz, M.D., Director of Health, and Erica Pan, M.D., MPH, Director of Bioterrorism and Infectious Disease Emergencies, presented an update on H1N1 vaccines. Dr. Katz explained that the H1N1 virus is the dominant flu this year. Dr. Katz noted that DPH is not counting the number of new H1N1 cases by conducting tests, but rather advising people with symptoms of H1N1 to stay home rather than going to the doctor. He stressed the importance of encouraging individuals without severe flu symptoms to stay away from the doctor's office to prevent further spread of the illness. Dr. Katz explained that H1N1 is of concern because of the shift in who comprises the most vulnerable demographic: H1N1 has caused young individuals to fall ill. He noted the seasonal flu typically kills people who are already very ill, elderly, or suffer from underlying respiratory issues.

Dr. Katz stressed that although H1N1 makes people ill, there is no reason to practice social distancing because H1N1 is already the dominate flu virus this year. The first shipment of the H1N1 vaccine, in the form of a nasal spray, should arrive this week but the bulk of the vaccine will arrive in late October and early November. Dr. Katz noted that this first shipment of H1N1 vaccines is not mercury-based and that children under five-years-old are being recommended the single dose vials. Because the demand for the vaccine has yet to be determined, it is possible that everyone who wants to get vaccinated may do so, eventually.

#### Commissioner Comments/Requests for Follow-Up:

Commissioner Sako asked what kind of public awareness has been conducted, especially for the elderly, who are not currently high on the priority list to receive the H1N1 vaccine. Dr. Katz explained that because the supply and demand of the vaccine changes frequently, and there are different priority groups for the seasonal and H1N1 flu, DPH does not want to send out conflicting messages at this time.

Commissioner Illig praised the Department's "Infect Me Not" campaign, and suggested the messages about the H1N1 and the seasonal flu be in laymen's terms so the public knows when to seek medical attention.

Commissioner Chow asked if there is a shortage of the seasonal vaccine. Erica Pan responded that the seasonal flu vaccines are on a backlog, but they are being delivered. She confirmed that there will be more enough seasonal flu vaccine for anyone who wants one.

#### **8) REVIEW OF HEALTH COMMISSION BUDGET PRINCIPLES**

The item was postponed to the October 20, 2009 Health Commission meeting.

#### **9) OTHER BUSINESS**

Commissioner Sako announced that she will be on medical leave in December and asked if the Commission could postpone the update on the EMS services within the Fire Department to January, 2010.

#### **JOINT CONFERENCE COMMITTEE REPORTS**

Commissioner Chow announced on behalf of the SFGH Joint Conference Committee that the Medicare Validation Survey is underway.

#### **EXECUTIVE SECRETARY POSITION**

Commissioner Illig announced that after reviewing many applications for the Executive Secretary position, the Hiring Committee will begin conducting the initial interviews next week.

#### **10) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney) voted to hold a closed session pursuant to San Francisco Administrative Code Section 67.11.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**REVIEW OF GOLDEN GATE RESTAURANT ASSOCIATION V. CITY AND COUNTY OF SAN FRANCISCO;**

San Francisco City Attorney Vince Chabria provided the Commission with an update on the Golden Gate Restaurant Association V. City and Count of San Francisco case.

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

Reconvene in Open Session

Action Taken: The Commission (Illig, Melara, Chow, Sako, Sanchez, Tierney, Waters) voted not to disclose any discussion held in Closed Session pursuant to San Francisco Administrative Code Section 67.12(a).

**11) ADJOURNMENT**

The Commission adjourned the meeting at 6:40pm.

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Grace Alderson  
Acting Health Commission Executive Secretary



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Grace Alderson  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, October 20, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 6, 2009  
*\*Minutes of the meeting of October 6, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND ACTION: RESOLUTION COMMENDING THE CONARD HOUSE 50<sup>TH</sup> ANNIVERSARY  
(Richard Heasley, Executive Director, Conard House)  
*\*Resolution*
- 6) FOR DISCUSSION AND POSSIBLE ACTION: CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT  
(Commissioner Sonia E. Melara)



7) **FOR DISCUSSION:** **FY 2008-09 D.P.H. ANNUAL REPORT**  
(Anne Kronenberg, Deputy Director of Health, Director of  
Policy and Planning)  
*\*Report*

8) **FOR DISCUSSION AND ACTION:** **FY 2008-09 ANNUAL GIFT REPORT**  
(Gregg Sass, Chief Financial Officer)  
*\*Report*

10) **OTHER BUSINESS\*\*\***

**FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**

**FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**

11) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION,  
DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

D) Reconvene in Open Session

12) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.





### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara  
Vice President

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## HEALTH COMMISSION

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, October 20, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:07pm

Present: Commissioner James Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Margine A. Sako  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 6, 2009

The minutes of the October 6, 2009 meeting were approved without modification.

#### 3) DIRECTOR'S REPORT

##### **Jim Lehrer News Hour Showcases HealthySF**

Since its inception, HealthySF has enjoyed a great deal of attention from reporters and multimedia sources throughout the country. More recently, President Obama's proposed healthcare reform has reignited national interest in the program. HealthySF has been touted as a model or partial model of health care provision for other jurisdictions and the success of the program here in San Francisco

continues to attract interest, especially among healthcare policy makers and those who report on the healthcare reform measures currently making their way through Washington, DC.

I am pleased to note that Public Television reporters Joanne Elgart Jennings and Spencer Michaels, on assignment for the Jim Lehrer News Hour, spent several days during the week of September 28<sup>th</sup> working on a HealthySF feature story. The reporters interviewed a range of people who work with HealthySF, including participants, staff, clinicians, and representatives from Kaiser, enrollment specialists, administrators and Mayor Newsom. The program aired last Monday and can be viewed on this link: <http://video.pbs.org/video/1293507325/search/healthy%20san%20francisco>.

### **AB 1383 - Hospital Fee**

Gov. Schwarzenegger has signed the hospital fee bill, **AB 1383** (Jones-D, Sacramento/Alquist-D, Santa Clara). AB 1383 authorizes the Department of Health Care Services (DHCS) to seek federal approval from the Centers for Medicare & Medicaid Services (CMS) for the hospital fee proposal. The proceeds of a Hospital Quality Fee would be used to fund increased MediCal payments, thereby drawing down federal matching payments (FMAP). This bill requires approval by The Center for Medicare and Medicaid Services (CMS). At this time it is unknown if they will approve it and what date it would become effective if approved.

The California Association of Public Hospitals estimates that, if approved by CMS, this bill will provide \$591 million to Designated Public Hospitals. San Francisco General Hospital would receive \$32 million on an annualized basis. Designated Public Hospitals do not pay the fee and will receive grants based on their volume of MediCal and Charity services.

The earliest possible effective date of the bill would be April 30. If so, SFGH is estimated to receive \$5.3 million for the current year and the full \$32 million for the following year.

While this is good news it will at best keep our MediCal payments even because the increased FMAP rate that we are receiving now due to the federal stimulus package expires on December 31, 2010. We are also concerned that this new federal funding could negatively impact the funding we receive under the Medicaid Waiver that expires on August 31, 2010.

### **SFGH Survey Concludes**

Surveyors from the State Department of Public Health and the Federal Center for Medicare-Medicaid Services arrived at SFGH on September 29 – October 8 to conduct a comprehensive validation survey to ensure that we are meeting the Medicare Conditions of Participation and state regulations. Compliance with these requirements allows us to retain our status as a Medicare provider, giving us the opportunity to bill and receive reimbursement from Medicare.

The 16-member survey team was the largest contingent to date. They inspected nursing, life safety, physician, pharmacy, medical records and dietary evaluators. The thorough and intensive inspection required a team response by hospital staff that set aside other priorities to work with the surveyors during their stay. Many of the surveyors complimented the staff on their survey experience.

Many thanks and congratulations to Sue Currin and her staff for this successful survey.

### **Second Chance Project**

We have been advised that CBHS has been awarded a grant by the US Department of Justice for \$600,000 /year for three years for a total of \$1.8 million. The grant will be used to expand services



for pre-incarcerated women and outpatient services for women in the community at Walden House, the Iris Center, and the Homeless Prenatal Program.

### **San Francisco General Hospital Foundation to Hold Employee Appreciation Event, *Love for the Heart of the City***

The San Francisco General Hospital Foundation will hold its annual employee appreciation event on Wednesday, October 28 at 3 p.m. in the cafeteria. The reception will feature the announcement of over \$1 million in Hearts Grants to support and enhance hospital services including emergency and trauma, psychiatry, surgery, ob/gyn, family and community medicine, critical care, pediatrics, dermatology, ophthalmology, neurology and dentistry/oral and maxillofacial surgery. Additionally, SFGH's employee flu vaccine program, natural foods access program, interpreter services, information systems and nursing "journey to magnet" status will get a boost. We are very proud of our relationship with the Foundation, which has partnered with us to provide significant opportunities to improve patient care and staff satisfaction.

### **Tobacco Free Project Reinforces Smoke-free Grounds Policy at SFGH**

During the months of June and July, health promoters recruited and trained by the Tobacco Free Project roamed the SFGH campus reinforcing the smokefree grounds policy. It has been one year since the policy went into effect, and while there still are some offenders, fewer people are smoking on campus. Smokers found smoking on campus told the health promoters that they were aware of the policy and extinguished their cigarettes. The promoters, who wore blue baseball caps identifying themselves, noticed that smokers initially tried to avoid them. But, after learning that the promoters were former smokers, they had questions about how to quit and about cessation services. The project was funded by the Tobacco Free Project.

### **CA HealthCare Foundation Announces Fellows for Health Care Leadership Program**

The California HealthCare Foundation (CHCF) has announced that Susan Fernyak, MD, Director of Communicable Disease Control & Prevention, is among the 30 health professionals selected for the ninth class of its Health Care Leadership Program. The program equips talented professionals with the skills needed to positively impact health care policy and delivery in California. Sponsored by CHCF, the program is administered by the Center for the Health Professions at the University of California, San Francisco (UCSF).

Over the course of two years, fellows convene in seminars led by nationally recognized health care and leadership development experts and faculty associated with UCLA's Anderson School of Management. The program addresses health care issues from business, leadership, and public policy perspectives. Participants learn to build and lead teams, manage complexity and change, understand and use financial management tools, and respond to the changing health care environment. I know the Health Commissioners join me in congratulating Dr. Fernyak on this prestigious acceptance into the Fellows program.

### **Go Folic! Kick Off**

On Thursday, October 15, 2009 DPH Maternal, Child and Adolescent Health (MCAH) Section held a press conference to launch the Youth Campaign of its Go Folic! Women's Nutrition Project. The Go Folic! Youth Campaign targets young women ages 14-24 and has both marketing and a clinical component. The marketing component is designed to educate young women about the importance of getting adequate folic acid in their diets. It will also encourage them to take advantage of the project's clinical component by obtaining a year's supply of multi-vitamins with 800 mcg of folic acid at DPH Community Health Programs for Youth health centers.



Folic acid is a B vitamin necessary for cell division and growth and plays a crucial role in women's health, particularly those of childbearing age. Folic acid supplementation may decrease a woman's risk for breast, cervical and colon cancer. It has also been shown to support heart health and, if taken in adequate amounts before pregnancy, greatly decreases a woman's risk for have a baby with a neural tube defect. A recent NIH study also found that it greatly reduces the risk of early pre-term labor.

Because of the age of the women who are targeted in this project, outreach will rely heavily on social marketing and other internet resources. The funding for the project, which is coordinated by MCAH Family Planning and Preconception Health program staff, is made possible by a grant from the Vitamin Cases Consumer Supplement Fund.

### **City Offers Hotel, Apartment Owners and Property Managers Help with City Codes**

A free Healthy Housing Symposium, "Compliance with City Codes: A means to Safe and Healthy Living," will be held on Tuesday, October 27, from noon to 5 p.m. at the Milton Marks Conference Center Auditorium, 455 Golden Gate Avenue, San Francisco. Those in attendance will have an opportunity to talk to and have their questions answered by representatives from agencies throughout the City that enforce many of the rules and regulations that govern rental housing.

The half day event will address a wide range of important topics relating to the safe and healthy management of hotels and multi-unit facilities:

- Building, Fire and Health Codes
- New approaches to pest control (bed bugs, cockroaches, mice, rats and pesticide use)
- New law on Healthy Housing/Guidelines to effective building management
- Resources for helping hoarders and the disabled
- Success stories and compliance tips from property managers

The symposium is sponsored by DPH in collaboration with Assemblyman Tom Ammiano, the Department of Building Inspection, the San Francisco Police Department, San Francisco Fire Department, Department of Aging and Adult Services-Adult Protective Services, In-Home Supportive Services, Sheriff Mike Hennessey and TB Control.

### **Healthy SF and Shape Up! Walking Challenge Recognized by the National League of Cities**

A new report by the National League of Cities (NLC), *The State of City Leadership for Children and Families in 2009*, recognizes a number of programs of the City and County of San Francisco for its cutting-edge efforts to promote child and family well-being. The *State of City Leadership* report highlights Healthy San Francisco as one of the nation's four most innovative models for promoting community health and wellness. It also singles out Shape Up SF! Walking Challenge as a model program for other jurisdictions to emulate in their efforts to kick start programs directed at increasing physical exercise. The report describes local innovations and trends in issues such as community wellness and local infrastructure to support children and families. The *State of City Leadership* report is being released during the 2009 National Summit on *Your City's Families*. For more information on the summit, visit [www.nlc.org/](http://www.nlc.org/).

### **Effectiveness of Healthy Penis Social Marketing Campaign Evaluated**

A survey was conducted at City Clinic from mid-August to mid-September to determine the effectiveness of the Healthy Penis Social Marketing Campaign in educating MSM about syphilis symptoms and encouraging them to get tested for syphilis and other STDs. Of the 276 MSM who completed the survey, 70% said they saw the Healthy Penis campaign before coming into the Clinic and, of those, 41% said that the campaign influenced them to come to the Clinic to get tested.

### **Partnership with the San Francisco Public Library**

Rajesh Parekh, MD, Director, San Francisco Fully-Integrated Recovery Services Team (SF FIRST), was asked recently by the staff at the Main Branch of San Francisco's Public Library system for help in dealing with patrons who are homeless, have mental illness, or both. As public spaces, libraries serve as warm, safe and educational places for homeless/mentally ill individuals to spend time, catch up on the news, and get away from the despair of life on the streets for a few hours.

Since January 2009, DPH's SF FIRST program has partnered with the Library by placing psychiatric social worker Leah Esguerra, MFT, at the Main Branch. Her job consists of outreaching and referring patrons to relevant services in our System of Care, while serving as a resource for the Library. She also supervises peer counselors who use their unique experience in engaging with library patrons to help maintain safety and provide support. This partnership has resulted in a marked decrease in behavioral incidents at the Main Branch. Surveyed library staff members report that the Main Branch has become a better workplace. So far, over 50 patrons have been engaged into case management services, 15 have been housed, and one was assisted into community employment.

On October 9, 2009, Ms. Esguerra teamed up with SF FIRST's Rajesh Parekh, MD, to provide psycho-education for Library staff. They used the recent feature film "The Soloist," to illustrate the difficulties faced by the homeless mentally ill and those who try to help them. The film is based on the real-life interactions between *Los Angeles Times* columnist Steve Lopez and Nathaniel Anthony Ayers, Jr., a Julliard-trained musician suffering from schizophrenia. The film also highlights the importance of the Recovery Model. Mr. Ayers' relationship to music and his growing friendship with columnist / "case manager" Mr. Lopez are keys to helping him recover from homelessness, schizophrenia, and familial/social isolation. *The Soloist* is beautifully acted and the story is wonderfully told. Dr. Parekh states, "It should be required viewing for anyone who serves stigmatized and vulnerable individuals; it is an inspiration to line staff and policy-makers alike."

For more information about Dr. Parekh's presentation to the library staff, his powerpoint is posted at <http://www.sfdph.org/dph/comupg/aboutdph/hc/HCMtgLinks2Docs.asp>. The feature film movie is now available for rent / purchase through commercial vendors.

### **Newcomers Health Program Receives National Recognition**

The Newcomers Health Program, in the Community Health Promotion and Prevention Branch, recently received national recognition when a story describing its success working with a Mongolian asylee with chronic health conditions was distributed to the Director of the US Department of Health & Human Services Office of Refugee Resettlement and to State refugee health coordinators. The story highlighted the work of Newcomers Health Program staff at Refugee Medical Clinic in addressing chronic health conditions of refugees and asylees through the use the Family Health Center's TeamUp for Health and Teamlet models. A copy of the story is attached. Patricia Erwin, [patricia.erwin@sfdph.org](mailto:patricia.erwin@sfdph.org) or 364-7651, has more information.

### **Hep B Free Wins UCSF Community Partnership Award**

We have been informed that the UCSF University Community Partnerships Council Awards Committee has nominated the **San Francisco Hep B Free** for outstanding work in fostering partnerships between UCSF and the community by providing Hepatitis B education and screening. Hep B Free shares this award with the UCSF San Francisco Hepatitis B Collaborative. Ted Fang and Janet Zola will represent Hep B Free at the awards dinner on October 22.



The University Community Partnerships Office was established by Executive Vice Chancellor and Provost Eugene Washington in 2006 to support new partnerships and to coordinate the many existing partnerships between UCSF-affiliated students, faculty and staff and San Francisco-based community organizations. Their mission is to cultivate and sustain strong collaborative partnerships designed to eliminate health inequities.

### **Hep A & B Team Project Busy at City Street Fairs**

The Communicable Disease Prevention Unit (CDPU,) in conjunction with the national Hep Team program, administered free hepatitis A and B vaccines at Folsom Street Fair on September 27 and also at Castro Street Fair on October 4. Staff administered 221 doses of vaccine at Folsom Street Fair and 156 doses at Castro Street Fair. These two fairs mark the completion of San Francisco's 3rd year participating in the Hep Team program.

Over the past three years, CDPU/Hep Team have administered over 2,500 hundred shots to San Francisco street fair participants, mostly to men who have sex with men (MSM), a population that is at increased risk for acute hepatitis A and B infection.

### **Safe Routes to School Day a Success**

Children and families from over a dozen elementary schools held *Walk to School Day* events as part of the *Safe Routes to School* program on **International Walk to School Day** earlier this month. At Longfellow Elementary School, students participated in a walking school bus and an art project, emphasizing the health and environmental benefits of walking to school. Safety was also emphasized through help from volunteers at MTA and enforcement by SFPD officers. Students were rewarded for walking to school with Walk to School Day prizes, water, and healthy snacks. For more information, please see our website: [www.sfwalktoschool.com](http://www.sfwalktoschool.com). In addition, our International Walk to School Day and media event announcing the San Francisco Safe Routes to School Program is now a street film. Check it out at <http://www.streetfilms.org/>.

The San Francisco Safe Routes to School Program is funded by a \$500,000 grant from California Department of Transportation (Caltrans). DPH Community Health Promotion and Prevention Branch is the lead agency, with San Francisco Unified School District (SFUSD), San Francisco Police Department (SFPD), Municipal Transportation Agency (MTA), Department of Children, Youth and Families (DCYF), SF Bicycle Coalition and the Presidio YMCA as program partners.

### **Reduction in SF Childhood Lead Poisonings and Continued Lead Exposures**

With the goal of preventing further lead exposure, the DPH Childhood Lead Prevention Program (CLPP) conducts home environmental investigation for children under six years old whenever blood testing has revealed *early* lead exposures ( $\geq 5$  ug/dL) as well as when blood tests reveal a higher state-defined "lead poisoning" level ( $\geq 20$  ug/dL). We believe this practice of investigating *early* lead exposures has successfully lowered the number of lead-poisoned children identified by blood lead testing to less than ten children per year over the last three years (3 lead poisonings reported in FY 06-07, 9 in FY 07-08, and 9 in FY 08-09). Although we have successfully lowered the number of children found to be lead-poisoned to **21** over these three years, in those same time period, **527** children were reported with *early* lead exposures, triggering three to four CLPP environmental investigations per week.

When an investigator finds lead hazards, CLPP initiates Health Code enforcement, and also refers property owners to the Mayor's Office of Housing Lead program to determine their eligibility for free and state-certified lead hazard remediation services. In San Francisco's 91% older housing stock, our environmental investigations primarily reveal lead paint hazards due to deferred



maintenance or renovation activities involving lead-painted surfaces, or deposition of lead paint and dust in bare soil. Day laborers and construction workers working on SF buildings also are exposed to lead hazards from renovation activities and their children are sometimes exposed from the lead dust carried home.

CLPP recommends that future policy direction in San Francisco address our clients' need for (1) access to healthy affordable housing and (2) proactive lead inspections by property owners prior to rental.

During the last part of October, CLPP is contacting all SF family and pediatric medical providers to provide them an anticipatory guidance handout for patients and to solicit patient referrals for lead prevention education, environmental investigation or nursing case management. We are undertaking these steps as part of Lead Poisoning Prevention Week activities supported at the state and national level. Epidemiologic research has proven there is no safe threshold for lead exposure in children. Contact CLPP public health nurse Meldy Hernandez, 252-3897, [meldy.hernandez@sfdph.org](mailto:meldy.hernandez@sfdph.org), for further information.

COMMUNITY HEALTH NETWORK  
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

**October 2009**

**Health Commission - Director of Health Report**  
(10/05/09 MEC)

	10/09	07/09 to 06/10
<b>New Appointments</b>	<b>22</b>	<b>80</b>
Reinstatements		1
<b>Reappointments</b>	<b>33</b>	<b>145</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>22</b>	<b>64</b>
Disciplinary Actions	0	0
<b>Restriction/Limitation-Privileges</b>	<b>0</b>	<b>0</b>
<b>Deceased</b>	<b>0</b>	<b>0</b>
<b>Changes in Privileges</b>		
Additions	5	19
Voluntary Relinquishments	5	16
Proctorship Completed	12	49
Proctorship Extension	0	0

**Current Statistics – as of 09/21/09**

Active Staff **517**

Courtesy Staff	585
Affiliate Professionals (non-physicians)	244
<b>TOTAL MEMBERS</b>	<b>1346</b>

<b>Applications In Process</b>	<b>14</b>
<b>Applications Withdrawn Month of October 2009</b>	<b>1</b>
<b>SFGH Reappointments in Process 11/2009 to 01/2010</b>	<b>158</b>

Dr. Katz gave an update on the H1N1 vaccine distribution. He noted that nearly 7,000 doses of the H1N1 nasal mist form of the vaccine were successfully distributed in San Francisco; 1,500 of which were administered by DPH. Dr. Katz noted that any children with asthma or pregnant women should not receive the nasal mist and should wait for the injectable form of the vaccine to become available. Dr. Katz announced that the DPH Health Centers will provide the H1N1 vaccines for individuals without a primary care provider. Some satellite DPH clinics will be set up around the city for people to get vaccinated.

Dr. Katz announced that the State has issued draft of the Concept Paper for California's proposed section 1115 Medicaid waiver. Dr. Katz said he will distribute a draft and will discuss it at a future Health Commission meeting. Dr. Katz noted that although the draft is vague, the general theme of the waiver favors integrated systems

Commissioner Waters asked if DPH will offer the H1N1 to members of the general public who have a primary care provider. Dr. Katz responded that the vaccination clinics will not exclude anyone, but the clinics are intended to vaccinate those without primary care providers.

Commissioner Illig asked if there is any danger in receiving the H1N1 vaccine more than once. Dr. Katz responded that it is virtually impossible to keep track of how many times each person has received the vaccine. He explained that for an inactivated vaccine, no harm would likely arise from receiving it more than once, but it has not advised to receive the same vaccine more than once. Dr. Katz pointed out that this vaccine is new and researchers do not know what the full range effects of receiving the vaccine more than once will be.

Commissioner Illig commended Sue Currin and her staff at SFGH for the successful completion of their survey and commended Susan Fernyak for being chosen for Health Care Leadership Program.

#### **4) GENERAL PUBLIC COMMENT**

Larry Homes of the Tom Waddell Community Advisory Boards spoke out against the clerical staff layoffs at the Tom Waddell Health Center. Mr. Homes expressed the importance of the clerical staff at the facility and suggested new staff members to the Tom Waddell facility have prior clerical experience.

Gene Porfido of the Tom Waddell Community Advisory board praised the care he received at the Tom Waddell Health Center and expressed deep concern for the clerical staff layoffs. Mr. Porfido noted that the clerical staff is an irreplaceable part of the Tom Waddell community.

Otto Duffy of the Tom Waddell Community Advisory spoke out against the clerical staff layoffs. He noted that the Tom Waddell Health Center has been coping with layoffs since 2001, when the facility stopped providing its services on Sundays. Mr. Duffy discouraged future cuts to the Tom Waddell staff.

5) **RESOLUTION COMMENDING THE 50<sup>TH</sup> ANNIVERSARY OF CONARD HOUSE**

Richard Heasley, Executive Director of Conard House, gave a brief history of Conard House and commended the work of his staff to keep the program's strong presence in the community. Mr. Heasley invited the Health Commission to attend the Founders Day Celebration on November 5. Commissioner Illig read the resolution and presented Mr. Heasley with a framed copy of the resolution.

Action Taken:

The resolution was approved by the Commission without medication.

6) **CITYWIDE HEALTH PLANNING & EFFECTIVENESS COMMITTEE REPORT**

Commissioner Melara reported on the Citywide Health Planning and Effectiveness Committee meeting. She reported that the Committee heard a presentation on the Violence Prevention plan and the formation of the Inter-agency Council (IAC). Commissioner Melara also reported that Committee expressed interest in holding a Health Commission retreat to discuss the Health Commission's mission, goals, and the structure of the committees.

7) **FY 2008-09 D.P.H. ANNUAL REPORT**

Anne Kronenberg, Deputy Director of Health, Director of Policy and Planning presented the DPH Annual Report. She thanked two of her interns, Jodi Davis and Adrienne Von Schulthess on their hard work on the report. Ms. Kronenberg gave an overview of the goals outlined in the strategic plan and the SF Community Benefits Partnership. Ms. Kronenberg highlighted the creation of the health report card, which can serve as an evaluation tool to help the Department make decisions when allocating resources and energy. Ms. Kronenberg reviewed Healthy San Francisco's accomplishments, noting that two new medical home systems were added to the plan. She provided a brief overview of several community projects and the budget. Anne Kronenberg concluded her presentation by inviting the Health Commission to attend the SFGH Groundbreaking ceremony on October 22, 2009.

Commissioner Comments/Requests for Follow-Up:

Commissioner Illig and Commissioner Melara praised Anne Kronenberg's work on the Annual Report.

Commissioner Sanchez praised the diversity and success of programs run by DPH despite the financial challenges it has faced in recent years.

Commissioner Illig asked if the Mayor and Board of Supervisors will receive a copy of the Annual Report. Anne Kronenberg responded in the affirmative and noted that a copy of the report will be posted in the library and on the DPH website. Commissioner Illig praised the organization of the report and stated that the staff members of elected officials will find the report very useful and easy to understand.



Commissioner Sako asked where the information on SFGH and LHH are reported. Anne Kronenberg responded that the hospitals are discussed in the Strategic Plan section of the report.

#### **8) FY 2008-09 ANNUAL GIFT REPORT**

Jennie Louie, Budget Director, presented the 2007-08 and 2008-09 gift reports. Ms. Louie explained that these reports reflect all of the gifts coming into the Department and provide a chance to recognize the generosity of the donors. Ms. Louie provided a breakdown of the total gifts as well as those over and under \$25, 000. Ms. Louie pointed out that the overall amount of money from donations improved for the 2008-09 year.

Commissioner Illig pointed out that the Laguna Honda Hospital Foundation is not included in the report. Jenny Louie responded that she would be willing to provide a gift report for the LHH Foundation to the Health Commission. He proceeded to asked how much the SFGH Foundation has raised for the Proposition A campaign. Dr. Katz responded he was not sure about how much was raised, but reported that the total budget for the Proposition A campaign was approximately \$900,000.

Commissioner Sanchez praised the generosity of the donors and their commitment to the SFGH mission. He suggested one of the Health Commissioners sit on the LHH Foundation as an ex-officio member similar to the way a Commissioner sits on the SFGH Foundation Board of Directors.

Sako inquired about restricted and unrestricted dollars in report and the cost per dollars raised. She requested a meeting with Ms. Louie and Mr. Sass to discuss this.

Commissioner Illig asked why the San Francisco Health Plan is listed as a donor in the report. Dr. Katz suggested that the San Francisco Health Plan sometimes provides incentives to clinics to improve performance. These incentives may be supplies or another type of gift and are therefore considered donations.

Commissioner Illig asked why the General Orthopedics Department receives a large amount of money. Dr. Katz responded that the foundations helps match donors to specific projects. He noted that in some cases, donors prefer to give to a specific project or area.

#### **9) OTHER BUSINESS**

#### **JOINT CONFERENCE COMMITTEE REPORTS**

None

#### **COMMITTEE AGENDA SETTING**

Commissioner Sako asked that the update on EMS will be presented to the Health Commission at the meeting in January.

Commissioner Illig confirmed that Jim Soos will give an update on health care reform at the next Health Commission meeting.

9) **CLOSED SESSION**

A) **Public Comments on All Matters Pertaining to the Closed Session**

None.

B) **Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)**

The Commission (Illig, Melara, Sako, Sanchez, Tierney, Waters) voted to hold a closed session pursuant to San Francisco Administrative Code Section 67.11.

C) **Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)**

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION, DIRECTOR OF HEALTH, MITCHELL H. KATZ, M.D.**

D) **Reconvene in Open Session**

Action Taken: The Commission (Illig, Melara, Sanchez, Sako, Tierney, Waters) voted not to disclose any discussions held in the closed session.

10) **ADJOURNMENT**

The meeting was adjourned at 5:23pm

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Grace Alderson  
Acting Health Commission Executive Secretary





James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Grace Alderson  
Acting Executive Secretary

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, November 3, 2009

At

2:00 p.m.+

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

+PLEASE NOTE THE EARLIER START TIME FOR THE MEETING

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1) CALL TO ORDER ROOM 300

2) CLOSED SESSION ROOM 302

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**PUBLIC EMPLOYEE APPOINTMENT: HEALTH COMMISSION  
EXECUTIVE SECRETARY**

D) Reconvene in Open Session

3) PROPOSED ACTION:  
EXPECTED TIME  
4:00 P.M. ROOM 300

APPROVAL OF THE MINUTES OF THE HEALTH  
COMMISSION MEETING OF OCTOBER 20, 2009

*\*Minutes of the meeting of October 20, 2009*



- 4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 5) **GENERAL PUBLIC COMMENT\*\***
- 6) **EMPLOYEE RECOGNITION AWARDS**  
*\*List of Awardees*
- 7) **FOR DISCUSSION AND PROPOSED ACTION:** **CONTRACTS REPORT**  
(Anne Okubo, Deputy CFO)  
*\*Report*
- 8) **FOR DISCUSSION AND POSSIBLE ACTION:** **2008 CHARITY CARE & COMMUNITY BENEFITS REPORT**  
(Frances Culp, Sr. Health Program Planner)  
*\*Report*
- 9) **FOR DISCUSSION:** **FEDERAL HEALTHCARE REFORM UPDATE**  
(Jim Soos, Assistant Director of Policy & Planning)  
*\*Report*
- 10) **FOR DISCUSSION:** **FIRST QUARTER FINANCIAL REPORT**  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 11) **FOR DISCUSSION AND POSSIBLE ACTION:** **HEALTH COMMISSION BUDGET PRINCIPLES**  
(Steven Tierney, Health Commissioner.)  
*\*Commission Budget Principles*
- 12) **OTHER BUSINESS\*\*\***
- FOR DISCUSSION:** **JOINT CONFERENCE COMMITTEE REPORTS**
- FOR DISCUSSION AND POSSIBLE ACTION:** **COMMITTEE AGENDA SETTING**
- 13) **ADJOURNMENT**

\* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.

\*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a





commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.

\*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to





Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org)  
Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
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David J. Sanchez, Jr., Ph.D.  
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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, November 3, 2009

At

2:00 p.m.+

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

**+PLEASE NOTE THE EARLIER START TIME FOR THE MEETING**

#### 1) CALL TO ORDER ROOM 300

Commissioner Illig called the meeting to order at 2:11pm.

Present: Commissioner James Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Edward Chow, M.D.  
Commissioner Margine A. Sako (arrived at 4:00pm)  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

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#### 2) CLOSED SESSION ROOM 302

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission (Illig, Melara, Sanchez, Chow, Tierney, and Waters) voted to hold a closed session pursuant to San Francisco Administrative Code Section 67.11.



- C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d) regarding personnel matters.
- D) Reconvene in Open Session  
Action Taken: The Commission (Illig, Melara, Sanchez, Tierney, Chow, and Waters) voted not to disclose any discussions held in the closed session.

The open session reconvened at 4:08pm.

3) **APPROVAL OF THE MINUTES OF THE HEALTH EXPECTED TIME COMMISSION MEETING OF OCTOBER 20, 2009**

The minutes of the October 20, 2009 meeting were approved after editing a typo on Page 9.

4) **DIRECTOR'S REPORT**

**IDEALL Project Wins Top Honors**

The IDEALL Project: Automated Telephone Self- Management Support Model (ATSM) for Diabetes won the California Association of Public Health Systems and California Health Care Safety Net Institute 2009 Top Honors Award.

The Improving Diabetes Efforts across Language and Literacy (IDEALL) Project, developed at San Francisco General Hospital (SFGH) uses multilingual communication technology to improve health outcomes for diabetes patients. The IDEALL team, directed by Dean Schillinger MD, also created an Automated Telephone Self-Management support model (ATSM) that has been recognized as a national model for reducing language- and literacy-related health disparities.

I am sure the Commissioners join me in congratulating everyone who has worked on this project and thank them for their continuing commitment to bringing the best technology applications to our patients in ways that improve their health and well-being.

**American Public Health Association Milton and Ruth Roemer Prize**

Each year, the American Public Health Association (APHA) recognizes individuals working in the public health field for their support and contributions to public health. I was honored to learn recently that I was among the recipients this year, selected by the APHA for the **2009 Milton and Ruth Roemer Prize for Creative Local Public Health Work**. This award recognizes a local health officer for outstanding creativity and innovation. I am humbled to be chosen by the APHA for this prestigious award, especially because all of the accomplishments that were noted as rationale for the award were only possible with the help and commitment of this Health Commission who has consistently supported this Department's initiatives and my hard-working staff and colleagues. The programs that were noted by APHA include Healthy San Francisco, Healthy Kids, and the Charity Care Project. I am pleased that we will build awareness of San Francisco Department of Public Health programs throughout the nation by being given this award. I will accept it in person at APHA's 137th Annual Meeting & Exposition in Philadelphia, PA (November 7 - 11). The link to the website is <http://www.apha.org/about/awards/09awardrecips/09RoemerPrize.htm>.

**Mike Llewellyn Appointed as COO at LHH**

I am pleased to announce the appointment of Mike Llewellyn as Chief Operating Officer of Laguna Honda. Mike has served as Laguna Honda's Facilities Director since 2008. He began his career with the Department of Public Health in 1991 as Stationery Engineer at San Francisco General Hospital and advanced to Maintenance Supervisor in 2006.

Mike brings high standards of quality and efficiency as well as a wealth of departmental know-how and strong managerial and operational skills to his new position. We welcome Mike into this new position and as a member of the LHH leadership team.

I also want to thank Delvecchio Finley, Hospital Associate Administrator for Support and Diagnostic Services at SFGH, for providing executive leadership, support and in ensuring a smooth transition at Laguna Honda for the past six months.

### **World AIDS Day Observance Planned**

On December 1 (World AIDS Day) and December 2, the San Francisco General Hospital Foundation will screen the new film "LIFE BEFORE THE LIFEBOAT: San Francisco's Courageous Response to the AIDS Outbreak." This documentary profiles intimate conversations between Dr. Paul Volberding and a few of San Francisco's courageous leaders from the earliest days of the AIDS epidemic. Free screenings of the 30-minute film will be held in Carr Auditorium, every hour from 2:00 to 5:00pm on both days. All are welcome to attend.

### **Commission on Accreditation of Rehabilitation Facilities (CARF) Survey**

On October 21, two surveyors from the *Commission on Accreditation of Rehabilitation Facilities (CARF)* arrived to conduct the three-day survey of the SFGH Opioid Treatment Program (OTP) on Ward 93/95, which also included the off-site Methadone Clinic mobile vans from Walden House, Sunnydale, and Bayview.

Much of the credit for the success of the survey goes Deborah Logan, Ed Pease, Steve Dominy, MD, Kevin Mack, MD and the competency and hard work of the OTP staff for a highly complimentary accreditation survey exit conference. Out of approximately 2500 standards, 21 recommendations were made, all easily correctable.

An official accreditation status report is expected to be issued by CARF in approximately 8-10 weeks and any corrective action plans requested will be due to CARF within 8-10 weeks following receipt of that report. We anticipate receiving a 3 yr accreditation.

### **CASPER**

CASPER, a group of DPH Community Programs researchers and analysts, has been developing a set of recommended guidelines to promote greater consistency and comparability for collecting and reporting social identity indicators. On October 20, the Health Equity Institute for Research, Practice and Policy at SF State University organized and hosted a "community-science dialogue" on the guidelines as part a peer review process. The meeting, attended by interested parties from SFDPH, SFSU, UCSF, Kaiser, neighboring health departments, and community agencies included a lively discussion of issues raised by the guidelines. The meeting was part of a developing collaboration between SFDPH and the Health Equity Institute at SFSU. Information on CASPER or the guidelines are available from the CASPER co-chairs, Maria X. Martinez and Tomas Aragon, MD.

### **MHSA Revenues Projected to Decrease**



The economic downturn and protracted budget planning this fiscal year has created apprehension over the ability to generate Mental Health Services Act (MHSA) revenues through the 1 percent income tax on incomes above \$1 million. In response to this, the State has released projected figures covering the next three fiscal years. Statewide, the current total MHSA allocation is \$1.3 billion for FY 09-10, with the projected budget falling to \$1.1 billion for FY 10-11, then \$942 million in FY11-12 and finally \$743 million in FY12-13. At the present time, San Francisco is due to receive \$25.1 million in budget allocations for FY09-10. The projected numbers for San Francisco are estimated as follows: \$20.1 million for FY10-11, \$18 million for FY11-12, and \$14.2 million for FY12-13. As a result of the delayed budget process, San Francisco hasn't as yet received any MHSA funding for FY 09-10, other than the Workforce Development, Education, and Training allocation of \$854,000 and the Capital Facilities allocation for the Silver Avenue Family Health Center renovation project, coming in at \$508,000.

### **Help HIV Research**

The HIV Research section is seeking healthy, low-risk, HIV-negative dark-haired men and women to be part of a study that will measure levels of an HIV drug in hair. The Strand Study will see whether hair can be used as a tool for accurately measuring how often people take their pills. This tool will be useful for related research on whether HIV negative people can take the HIV drug to reduce their risk for HIV infection.

Participation involves taking the study pill at brief visits and regular check ups at 25 Van Ness Avenue. Volunteers will be compensated up to \$1300 for complete study participation. For more information about helping with this health research, contact the Strand Study at **(415) 503-2163** or [\*\*strand@sfdph.org\*\*](mailto:strand@sfdph.org).

### **San Francisco Dependency Drug Court**

The San Francisco Dependency Drug Court (DDC) has been awarded \$998,000 for two years to expand the population it currently serves. New services will address substance-abusing parents, including those incarcerated and with children in long-term foster care. The grant will provide substance abuse treatment, social worker assistance with visitation plans, increased court monitoring, and, for parents in the San Francisco's county jail system, counselors to coordinate in-custody visitation and transition to community based services upon release from custody. All of these focused support services are designed to decrease the incidence of child abuse and neglect and lead to a successful, reunification of the family.

### **Health Care for the Homeless**

As Chair of the Clinicians' Network, Barbara Wismer, MD, Medical Director of Tom Waddell Health Center, recently attended the Health Care for the Homeless Clinicians' Network Steering Committee meeting and Council Retreat in Nashville, TN. Current clinical priorities of the Network include: chronic pain management, integrating preventive medicine into primary care, and leadership/workforce development. Alice Wong, nurse manager at Medical Respite, attended a concurrent Respite Care Providers' Network Steering Committee meeting.

As part of the Council and Network educational activities, Deborah Borne, MD, Medical Director for TWHC Community Sites, will teach a workshop in Shelter Health this month in Milwaukee.

### **Team from Laguna Honda Raises \$4300 for Alzheimer**

On October 10 a group of employees, residents and friends from Laguna Honda joined 7000 other walkers on Treasure Island to support the Memory Care Program and the Alzheimer's Association. The team staffed the Laguna Honda exhibit table, walked the 1.5 or 3 mile loop, and enjoyed



camaraderie of a shared commitment to the fight against Alzheimer's. Many thanks to the 250 residents and staff of LHH who helped contribute to this effort that raised nearly \$4300.

## Laguna Honda Hospital and Rehabilitation Center

### OCTOBER

#### Health Commission – Director of Health Report (October 8, 2009 MEC)

.....	10/09-11/09
<b>New Appointments</b>	0
Reinstatements	
<b>Reappointments</b>	3
Delinquencies:	
Reappointment Denials:	
<b>Resigned/Retired:</b>	0
<b>Disciplinary Actions:</b>	
<b>Temporary Privileges</b>	1
<b>Deceased</b>	0
<b>Changes in Privileges</b>	0
Additions	
Voluntary Relinquishments	
Proctorship Completed	
Proctorship Extension	

#### Current Statistics – as of 9/09

Active Staff	87
Applicants	9
<b>Total Members</b>	<b>96</b>

#### Commissioner Comments/Requests for Follow Up:

Dr. Katz reported that H1N1 mass immunization clinics were a huge success over the weekend. Volunteers vaccinated over 18,000 people in San Francisco. He reported that all the vaccinations were administered for individuals in Tier 1 and 2 on the priority list. Dr. Katz thanked Susan

Fernyak, Anne Kronenberg, and the DPH staff for organizing the successful mass vaccination. He announced that DPH is waiting for additional H1N1 vaccines to become available.

Dr. Katz announced that the Mayor has not yet released budget instructions, but the Mayor's Budget Director outlined what DPH might expect in term of budget cuts. Dr. Katz reported that City revenues are flat while expenses continue to rise, meaning we can anticipate a deficit comparable to last year's. He noted there is a chance the City could receive additional funding from FMAP early next year.

Commissioner Illig congratulated Dr. Katz on winning the Milton and Ruther Roemer Prize for creative local public health work, and thanked staff for their work to make the first mass immunization clinics a success.

## **5) GENERAL PUBLIC COMMENT**

None.

## **6) EMPLOYEE RECOGNITION AWARDS**

*\*List of Awardees*

Commissioner Tierney presented the Employee Recognition Awards.

An individual award was presented to Maria Iyog-O'Malley nominated by Bob Cabaj, Director, Community Behavioral Health Services for providing essential support for the hiring, training and supervision of consumer and family members, employees, interns and volunteers -- helping to create the MHSA Implementation Specialists who help clients find the services they need.

An individual award was presented to Leah Esguerra nominated by Rajesh Parekh, Director, SF FIRST for her partnership with the Library which has resulted in a marked decrease in behavioral incidents at the Main Branch.

An individual award was presented to Laurie Lenrow nominated by the Castro Mission Health Center for her work as a Psychiatric Social Worker for the Multi-Diagnosis Program at the health center, where she provides high quality behavioral health assessments, consultations and interventions to clients presenting with both medical problems and psychiatric symptoms. Fully bilingual in both Spanish and English, she provides effective case management and psychotherapy to a diverse group of patients presenting with a wide range of issues.

A team award was presented to the CBHS Clinic Directors, including Rita Perez, Nancy Lim Yee, MaryAnne Mock, Shirley Chu, Alison Lustbader, Tom Maloney, Albert Eng, Miriam Damon, Alicia Josephs, Ernestina Carillo, Susan Esposito, Sidney Lam, Wilma Louie, Manuel Mena, David Pine, John Grimes, Kim Schoen, and Charles Rivera. This team was nominated by Bob Cabaj, Director of Community Behavioral Health Services, for its outstanding commitment to the citizens of San Francisco who need the behavioral health services provided through DPH.

A team award was presented to the San Francisco Multisystemic Therapy Team, including Janet Avila, Dana Landry, Jonathan Maddox, Marcella Crosley, Norma Garcia, Ellen Zhou and, Jose

Villarie. The team was nominated by Sai-Ling Chan-Sew at Community Behavioral Health Services for its excellent service to youth on behalf of the DPH.

## 7) **CONTRACTS REPORT**

Jacquie Hale, Deputy CFO, presented the Contracts Report.

### Action Taken:

The Commission approved the Contracts report and requested that Jacquie Hale provide the Commission with more information on the new contracts with Instituto Familiar de la Raza and Public Health Foundation Enterprises, Inc.

### Commissioner Comments/Requests for Follow-up:

Commissioner Chow asked if the contract with Instituto Familiar de la Raza is similar to other CDC contracts. Jacquie Hale confirmed that it is, and noted it was awarded under an RFP. Commissioner Chow asked if DPH has worked with Health Advocates in the past. Jacquie Hale responded in the affirmative, noting that Health Advocates has helped DPH's eligibilizing efforts.

Commissioner Illig requested that the Contracts Office provide the Commission with more details about the contracts, especially when a new contract has been established, and suggested the Commission revisit its procedures for approving the Contracts Report.

## 8) **2008 CHARITY CARE & COMMUNITY BENEFITS REPORT**

Frances Culp, Sr. Health Program Planner presented the 2008 Charity Care Report. Ms. Culp gave an overview of the report, which describes in detail each hospital's charity care policies and information regarding numbers of charity care applications, services, and expenditures. Ms. Culp reported that compared to last year, the hospitals showed an increase in the number of charity care services. She also noted that all of the hospitals are in compliance with posting requirements. Ms. Culp mentioned that next year's data will combine the data from St. Luke's with CPMC.

### Commissioner Comments/Requests for Follow-up:

Commissioner Sako requested that future Charity Care reports include a qualitative analysis section, and asked why some of the data is inconsistent and inconclusive. Frances Culp responded that inconsistency in data is a major challenge in performing an analysis because every hospital has its own timeline for reporting data. Ms. Culp added that this year's data indicate increased spending by the hospitals on charity care.

Anne Kronenberg, Deputy Director of Health, explained that it is difficult to ensure consistency in data reporting because some hospitals report their charity care dollars based on calendar years, and others by fiscal years. She noted that that in December, DPH will closely examine how each hospital reports charity care spending so that the Department can gain insight on how to improve consistency among the hospitals. Ms. Kronenberg added that there has been much improvement in obtaining data since the reporting of charity care dollars began eight years ago as a result of the hard work of the Charity Care Workgroup and Community Benefits Partnership.



Commissioner Sako asked if the original ordinance should be amended to reflect the current state of charity care in San Francisco since so many things have changed since the ordinance was passed. Anne Kronenberg agreed that the legislation could be amended and said that the Charity Care Workgroup is discussing possible changes to the ordinance.

Commission Illig asked if representatives from the hospitals are present at today's Health Commission meeting. A representative from each hospital was in attendance.

Commissioner Chow asked why Table 2 in the charity care report does not include Healthy San Francisco. Anne Kronenberg responded that the hospitals did not begin full participation in Healthy San Francisco until after the reporting period. HSF data will be included in next year's report and noted that Tangerine Brigham attends to the Charity Care Workgroup every other month.

Dr. Katz explained that including Healthy San Francisco services is challenging because hospitals have two groups of Healthy SF participants: patients who receive care at their primary medical home and patients who receive services at a place other than their primary medical home. He noted that these two groups produce the no revenue for the hospitals and that it is difficult for the hospitals to distinguish spending on the two groups. Dr. Katz added that hospitals are genuinely interested in tracking these numbers to document their contribution of services to Healthy San Francisco.

Commission Chow asked why Table 9 shows a decrease in inpatient services compared to outpatient services in 2005. Dr. Katz responded that is possible the numbers reflect improved eligibilizing of individuals for Healthy San Francisco, and their use of outpatient primary medical care.

Commissioner Illig expressed concern about combining charity care dollars spent at St. Luke's with the other campuses of CPMC. Commissioner Melara responded that this concern was expressed in the Commission's resolution regarding the CPMC IMP and that the Commission's CPMC Task Force is addressing this concern.

Commissioner Illig asked why a Community Benefits Report was not included with the 2008 Charity Care report. Anne Kronenberg explained that a Community Benefits Report will be presented to the Commission in 2010.

Commissioner Sanchez praised the progress has been made over the past eight years in reporting charity care spending.

## **9) FEDERAL HEALTHCARE REFORM UPDATE**

Jim Soos, Assistant Director of Policy & Planning presented the progress made on federal healthcare reform. Mr. Soos reviewed the President's Principles for Health Reform and the three major bills, including the House bill (HR 3962), the Senate Health, Education, Labor & Pensions (HELP) Committee bill (S. 1679), and Senate Finance Committee bill (S. 1796). Mr. Soos outlined the major difference and similarities among the three bills and addressed the potential impacts the final legislation could have on San Francisco and DPH.

### **Commissioner Comments/Requests for Follow-up:**

Commissioner Illig praised Mr. Soos' analysis and asked if the bills will use the tax code to mandate insurance coverage. Mr. Soos responded in the affirmative and added that individuals

would have to report their insurance coverage when they file taxes. Commissioner Illig asked if failure to report insurance coverage would be considered a criminal act. Mr. Soos responded that failure to report insurance coverage would likely result in a civil penalty.

Commissioner Illig inquired about the inequity of a proposed tax break for small businesses that provide insurance to its employees, but no financial benefit for nonprofit small businesses that struggle to do the same. Mr. Soos responded that this has always been true, and there is no provision in the bills specifically for non-profit organizations.

Commissioner Illig asked if the Kucinich amendment to allow states to choose a single payer plan is included in the House of Representative's Bill. Mr. Soos responded that he will confirm whether or not the amendment has been included.

Commissioner Illig asked if there is a penalty against cities that want to insure undocumented individuals. Mr. Soos responded that while there is no penalty for doing this, the federal funding is not allowed to be spent on providing health coverage for undocumented individuals.

Commissioner Chow praised the thoroughness of the report and analysis. He asked if the House Bill will mandate reimbursements for Medicaid services at Medicare rates. Mr. Soos responded that the House bill calls for primary care visits to be reimbursed at Medicare rates.

#### **10) FIRST QUARTER FINANCIAL REPORT**

Gregg Sass, Chief Financial Officer, gave an overview of DPH's first quarter revenue and expenses and reported that projections indicate there will be enough revenue to cover overspending for the first quarter for the whole Department. Mr. Sass noted that the new state fee on hospitals, worth about \$30 million in new federal revenue, has not been included in this report.

#### **Commissioner Comments/Requests for Follow-up:**

Commissioner Illig asked if DPH is experiencing a hiring freeze. Mr. Sass explained that the Department is undergoing a "soft freeze," meaning that there has been some delay in hiring, however the November layoffs are still scheduled to occur.

#### **11) HEALTH COMMISSION BUDGET PRINCIPLES**

The discussion of the Health Commission Budget Principles was postponed.

#### **12) OTHER BUSINESS**

Commissioner Melara asked that the Commission continue to discuss how to restructure the full Commission meetings to maximize efficiency.

Commissioner Melara announced that the CPMC Task Force has been making progress and that CPMC is presenting to the Planning Commission on November 19th. Commissioner Melara offered to provide a progress report on the CPMC taskforce at one of the December or January Health Commission meetings before the IMP goes to the Board of Supervisors for approval.

Commissioner Melara announced that she recently attended the Urban Initiative for Reproductive Healthcare conference in Los Angeles. She reported that eight individuals from San Francisco were present at the conference and they want to continue dialogue on reproductive healthcare issues in San Francisco. Commissioner Melara stated that she would like to discuss this further at a future CHPE Committee meeting.

Commissioner Illig announced that the November 17th Health Commission meeting will review the health impact analysis of the St. Mary's Medical Center IMP.

### **JOINT CONFERENCE COMMITTEE REPORTS**

None.

### **COMMITTEE AGENDA SETTING**

None.

### **13) ADJOURNMENT**

The meeting was adjourned at 6:14pm.

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Grace Alderson  
Acting Health Commission Executive Secretary



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Grace Alderson  
Acting Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, November 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 3, 2009  
*\*Minutes of the meeting of November 3, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND POSSIBLE ACTION: CONSIDERATION OF THE ST. MARY'S MEDICAL CENTER INSTITUTIONAL MASTER PLAN  
(Anne Kronenberg, Deputy Director of Health, Process for DPH Review of St. Mary's Institutional Master Plan  
Amalia Egri Freedman, Resource Development Associates, Preliminary Findings from the Review of the CPMC Institutional Master Plan)  
*\*Report*
- 6) OTHER BUSINESS\*\*\*  
FOR DISCUSSION: JOINT CONFERENCE COMMITTEE REPORTS



**FOR DISCUSSION AND  
POSSIBLE ACTION:**

**COMMITTEE AGENDA SETTING**

- 7) **FOR DISCUSSION AND  
POSSIBLE ACTION:** **2010 HEALTH COMMISSION COMMITTEE  
STRUCTURE AND GOVERNANCE PROCESS**  
(Commissioner James M. Illig)

8) **ADJOURNMENT**

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

**Accessible Meeting Policy**

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

**Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal





from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





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## HEALTH COMMISSION

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Executive Secretary

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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, November 17, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:04pm

Present: Commissioner James Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Margine A. Sako  
Commissioner Edward A. Chow, M.D.  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 3, 2009

The minutes of the November 3, 2009 Health Commission meeting were approved without changes.

#### 3) DIRECTOR'S REPORT

##### **Environmental Health Assessment for Fire Stations**

DPH air quality experts were recently able to provide some much needed support to the Fire Department in the planning for a new Fire Station 1 in the South of Market (SOMA) neighborhood.

Environmental Health staff, who have developed considerable expertise in air quality assessment through the implementation of residential health code requirements, reviewed and modeled air quality at a number of alternative SOMA locations. The process allowed them to identify sites that would limit poor air quality exposure.

### **Sustainable Industries Publication Takes Close Look at Health Impact Assessment**

The November issue of *Sustainable Industries*, a national business publication focusing on sustainable business practices, featured a story showing how community groups, city officials and project developers in the Bay Area are pioneering the use of the Health Impact Assessment as a way to calculate the health effects of land-use decisions.

### **Infect Me Not Wins Davey Awards**

The Infect Me Not campaign has won a Silver Award in the International Davey Awards competition. The Davey Awards honors the creative excellence of small projects and agencies that traditionally operate on shoestring budgets but seek and produce big ideas and outcomes.

### **Mayor Forms Hepatitis C Task Force**

The first meeting of the Mayor's Hepatitis C Task Force was held on November 9. The purpose of the Task Force is to bring together medical and social service providers, public health officials, hepatitis C advocates, people living with hepatitis C, experts and others who have an interest in hepatitis to develop a comprehensive set of recommendations to address the hepatitis C epidemic in San Francisco.

### **Assistance Available for Retaining Selected Mental Health Professions**

One of the objectives of the Mental Health Services Act (MHSA) is to strengthen California's public mental health system. To fulfill this objective, the Mental Health Loan Assumption Program provides up to \$2.5 million annually to individuals employed in the state's hard-to-fill-or-retain mental health professions. We are currently investigating the opportunities that this program may present for our own staff as well as those who work for community based organizations.

### **WIC Program Offers New Food Package for Better Health**

Beginning October 1, many low-income families in San Francisco have been able to access healthier foods such as fresh fruits and vegetables, whole grains and soy products with their new Women Infants & Children (WIC) checks. Furthermore, the new WIC changes support breastfeeding babies by offering appropriate infant-food fruits, vegetables and meats to babies at six months. More varieties and quantities of food are being offered to mothers up to one year after delivery.

### **AIDS Research Institute Award Goes to Susan Buchbinder, MD**

The AIDS Research Institute at UCSF has announced that Susan Buchbinder, MD, Director, HIV Research Section, has been awarded the 2009 ARI Award for Outstanding Mentoring. This annual award was established by the ARI in 2007 to recognize and honor a member of the campus community who has performed extraordinary service in mentoring others at UCSF involved in HIV/AIDS research and clinical care.

### **CBHS Plans Consumer and Family-Oriented Workshop**

For the last two years, Community Behavioral Health Services (CBHS) has sponsored a consumer and family-oriented workshop offering key strategies to address issues related to recovery. This year's workshop theme, "In One Voice, We Unite," is scheduled for Friday, December 11 at St. Mary's Conference Center.

Part of the workshop will focus on how to develop and maintain the Wellness Recovery Action Plan (WRAP). Additionally, the Children Youth and Family section of CBHS will showcase some of their digital stories that have allowed San Francisco youth and caregivers to share their own personal experience in dealing with mental illness, substance abuse, and trauma.

COMMUNITY HEALTH NETWORK  
SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

**November 2009**

**Health Commission - Director of Health Report**

(11/09/09 MEC)

	11/09	07/09 to 06/10
<b>New Appointments</b>	<b>11</b>	<b>102</b>
Reinstatements		1
<b>Reappointments</b>	<b>41</b>	<b>178</b>
Delinquencies:	0	0
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>9</b>	<b>86</b>
Disciplinary Actions	0	0
<b>Restriction/Limitation-Privileges</b>	<b>0</b>	<b>0</b>
<b>Deceased</b>	<b>0</b>	<b>0</b>
<b>Changes in Privileges</b>		
Additions	7	24
Voluntary Relinquishments	3	21
Proctorship Completed	4	61
Proctorship Extension	0	0

**Current Statistics – as of 10/21/2009**

Active Staff	515
Courtesy Staff	586
Affiliate Professionals (non-physicians)	243
<b>TOTAL MEMBERS</b>	<b>1344</b>

Applications In Process	13
Applications Withdrawn Month of Nov 2009	0
SFGH Reappointments in Process 12/2009 to 02/2010	175



Dr. Katz reported that the Controller's Office is expecting a \$45 million shortfall in the 2009-10 budget with DPH expected to cut \$13.2 million. The Controller's Office will not approve supplemental funding requests from the Board of Supervisors for the remainder of the year. The Department's mid-year reduction decisions must reach the Mayor's Office by December 4th. Commissioner Illig asked Dr. Katz to provide the Commission with an updated report on the proposed reductions at the December 1 Health Commission meeting.

Dr. Katz provided an update on the supply H1N1 vaccinations. He reported that DPH has not received additional H1N1 vaccination supplies. Dr. Katz explained that more H1N1 vaccines have been distributed on the east coast than the west coast. He reported that this might be the case because winter comes sooner on the East Coast, meaning people spend more time indoors where the flu is easily spread. Dr. Katz noted that the government has not issued an official explanation for the unequal distribution of H1N1 vaccines on the two coasts.

Commissioner Chow asked Dr. Katz what the routes of the H1N1 vaccine distribution are in San Francisco County. Dr. Katz responded that Francisco County received the vaccines from the State and DPH chose to distribute the vaccines to individuals without primary care providers. San Francisco does not have control over when vaccine shipments will arrive or how much of the vaccine it will receive.

Commissioner Chow asked if the distributor of the vaccine, McKesson, only delivers in California. Dr. Katz responded that McKesson distributes the H1N1 vaccine throughout the country.

Commissioner Illig mentioned that Britain's response to the H1N1 vaccinations has been remarkably efficient due to a national healthcare database that identified priority patients and scheduled individual appointments for vaccinations. He suggested that the United States could learn from their organized healthcare system.

#### **4) GENERAL PUBLIC COMMENT**

None.

#### **5) CONSIDERATION OF THE ST. MARY'S MEDICAL CENTER INSTITUTIONAL MASTER PLAN**

Anne Kronenberg, Deputy Director of Health, explained the process for DPH review of St. Mary's Institutional Master Plan, and introduced Patricia Bennett, the CEO of Resource Development Associates. Ms. Bennett presented the final analysis of the SMMC IMP.

Commissioner Illig praised the IMP analysis and the presentation.

Anna Cheung, CEO of SMMC, thanked RDA for their thorough analysis and the Health Commission for their feedback after the preliminary report was released in July. Ms. Cheung added that she welcomes any additional feedback from the Health Commission.

Commissioner Chow asked why increasing SMMC's service capacity in San Francisco is important. Ms. Cheung responded that the assessment found that there is a need for additional cancer services

in the community. SMMC provides many services to underserved communities as an integral part of their mission and the expansion of cancer and vascular services will increase access for underserved populations.

Commissioner Chow asked if the last line in the table on page 13 meant to say “Medicare” or “Medicaid.” Ms. Bennett responded that RDA will review the statement.

Anne Kronenberg noted that the stakeholders who were interviewed were speaking to the SMMC IMP as individuals rather than representatives of an institution or organization. Ms. Kronenberg pointed out that SMMC has demonstrated improved outreach to the community since the original IMP was presented in July.

Commissioner Sanchez praised the IMP analysis and SMMC’s commitment to adult day health services in the Excelsior neighborhood.

Action Taken:

The Commission (Illig, Chow, Tierney, Sanchez) accepted the SMMC IMP analysis for submission to the Planning Commission. Commissioner Melara and Commissioner Sako abstained from voting. Commissioner Chow requested that the minutes from this meeting and the presentation be forwarded to the Planning Commission.

6) **OTHER BUSINESS**

**JOINT CONFERENCE COMMITTEE REPORTS**

None.

**COMMITTEE AGENDA SETTING**

None.

Commissioner Illig called a recess at 4:52pm.

7) **2010 HEALTH COMMISSION COMMITTEE STRUCTURE AND GOVERNANCE PROCESS**

Commissioner Illig reconvened the meeting at 5:00pm.

The Health Commission thanked both Jim Soos and Grace Alderson for serving as Interim Health Commission Secretary and announced that Mark Morewitz has been hired for this position starting November 30th.

Commissioners discussed the current Committee structure and made suggestions to improve effectiveness:

- Reports and presentations should be vetted by a Committee prior to being discussed in a full Commission meeting. Committees should decide whether presentations need to go to the full Commission. Presentations should focus on results, problems and other issues in which the Health Commission can have impact.
- It should be the responsibility of the Secretary to insure that the Commission hears updates on issues discussed in the Committee and Commission meetings, and that follow-up requests are tracked.

- The full Commission should address broader policy issues rather than focusing on the details of reports.
- Communication with DPH staff should improve so that the Commissioners receive the appropriate background information before meetings.
- The Commission officers should meet with the Secretary to go over agenda items before the Director and deputies meet to discuss the agenda. This process will help the Commission avoid overloading the agendas.

Commissioners discussed proposals for Committee structure in 2010:

1. Finance and Planning Committee (FPC) – proposed by Commissioner Tierney  
This committee would have three goals:
  - 1) To develop and foster fiscal and health policies that support, encourage and monitor the stated priority goals of the Department;
  - 2) To build and enhance collaboration among the Department, private hospitals and community-based providers to support said goals (i.e. the health report card);
  - 3) To conduct the fiduciary responsibilities of the Commission (i.e. approve contracts, review quarterly budget reports, etc.).
2. Community and Public Health Committee (CPHC) – proposed by Commissioner Sako  
This committee would assure oversight and review of departmental programs and issues that are not addressed through the SFGH or LHH JCCs. This includes services provided through Community Programs, and public health and prevention activities of the Department.
3. The SFGH Joint Conference Committee should continue operating in its existing structure.
4. The Laguna Honda Joint Conference Committee should continue operating in its existing structure.

Commissioners identified other ways to improve the effectiveness of the Health Commission.

- The Commission will strive to assure consensus in decision-making and speak with one voice to staff. Commissioners should be clear about distinguishing individual opinions from collective decisions.
- Meeting materials should be delivered or posted online according to Commissioner preference, and available for review on a standard schedule before each meeting.
- The Commission should have an active role at public health-related events and functions. The Commission Secretary should coordinate Commission representation at important events and insure that Commissioners have a proper amount of advance notice.
- Commissioners should notify the Health Commission Secretary of any dates they will be unavailable for scheduled meetings or events.
- The Secretary will develop a more concise format of the meeting minutes including links to presentations and documents discussed at the meetings.
- Communications between the Department and other parts of city government should include the Health Commission, and actions by the Commission should be sent to the appropriate bodies with a formal letter.

## 8) ADJOURNMENT

The meeting was adjourned at 6:20pm

---

Mark Morewitz  
Health Commission Executive Secretary



James M. Illig  
President

Sonia E. Melara  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Mark Morewitz, MSW  
Executive Secretary

TEL (415) 554-2666  
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

## AGENDA

### HEALTH COMMISSION MEETING

Tuesday, December 1, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 17, 2009  
*\*Minutes of the meeting of September 15, 2009*
- 3) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 4) GENERAL PUBLIC COMMENT\*\*
- 5) FOR DISCUSSION AND PROPOSED ACTION: FINANCE COMMITTEE REPORT  
Approval of the Consent Calendar  
(Commissioner Steven Tierney, Ed.D.)  
*\*Consent Calendar*
- 6) FOR DISCUSSION AND PROPOSED ACTION: RESOLUTION JOINING CALIFORNIANS ALLIED FOR PATIENT PROTECTION (CAPP) TO OPPOSE ANY LEGISLATION THAT WOULD REVISE THE MEDICAL INJURY COMPENSATION REFORM ACT (MICRA)  
(Jim Soos, Assistant Director of Policy and Planning)  
*\*Proposed Resolution*

- 7) FOR DISCUSSION AND POSSIBLE ACTION: FY 2010-11 MAYORS BUDGET INSTRUCTIONS  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 8) FOR DISCUSSION: UPDATE ON STATUS OF DPH AMERICAN RECOVERY AND REINVESTMENT ACT FUNDING  
(Gregg Sass, Chief Financial Officer)  
*\*Report*
- 9) OTHER BUSINESS\*\*\*
- FOR DISCUSSION: JOINT CONFERENCE COMMITTEE REPORTS
- FOR DISCUSSION AND POSSIBLE ACTION: COMMITTEE AGENDA SETTING
- 10) ADJOURNMENT

- \* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666. If any materials related to an item on this agenda have been distributed to the Health Commission after distribution of the agenda packet, those materials are available for public inspection at the Health Commission Office at the address above during normal business hours.
- \*\* At this time, members of the public may address the Commission on items of interest to the public that are within the subject matter jurisdiction of the Commission that are not on this meeting agenda. With respect to agenda items, your opportunity to address the Commission will be afforded when the item is reached in the meeting. Each member of the public may address the Commission for up to three minutes. The Brown Act forbids a commission from taking action or discussing any item not appearing on the posted agenda, including those items raised at public comment.
- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).

### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara, MSW  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
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Steven Tierney, Ed.D.  
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Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
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## MINUTES

### HEALTH COMMISSION MEETING

Tuesday, December 1, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300  
San Francisco, CA 94102

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#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:06pm and recognized December 1<sup>st</sup> as World AIDS Day.

Present: Commissioner James Illig, President  
Commissioner Sonia E. Melara, MSW Vice President  
Commissioner Edward Chow, M.D.  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.  
Commissioner Catherine M. Waters, R.N., Ph.D.

Absent: Commissioner Margine A. Sako

#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 17, 2009

The Commission deferred approval of the 11/17/09 Health Commission meeting minutes until the 12/15/09 Health Commission meeting.

#### 3) DIRECTOR'S REPORT

Please see the following link for the full text of the 12/1/09 Director's Report:  
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

### **Cumulative Effects of Traffic in Excelsior**

A special supplement in the November issue of the *American Journal of Public Health* highlights a "Field Action Report" from DPH's Program on Health, Equity and Sustainability. A link to the abstract can be found at <http://ajph.aphapublications.org/cgi/content/abstract/99/S3/S499>.

### **Asthma Task Force Sponsors Clinical Staff Participation in Spirometry**

The SF Asthma Task Force recently sponsored a dozen DPH and UCSF clinical staff to participate in the four-session Spirometry Learning Lab offered by the University of Washington.

### **APHA Blog Features *Infect Me Not* Campaign**

Bloggers from the American Public Hospital Association (APHA) have been directing on-line visitors to the DPH Flu Info and *Infect Me Not* website as an example of a useful, well-organized and entertaining site.

### **New Intimate Partner Violence Safety Planning Brochure**

The Maternal, Child and Adolescent Health Division and LEAP (Look to End Abuse Permanently), have teamed up with La Casa de las Madres and the Kaiser Permanente Social Work Department to produce a new intimate partner violence safety planning brochure. It is currently available in English and Spanish, and is posted online at [www.leapsf.org](http://www.leapsf.org).

### **STDtest.org Re-launched to Walk-in Community Screening**

The STD (Sexually Transmitted Diseases) Prevention and Control Services has expanded its community-based STD screening to help reduce the rates of syphilis among gay and bisexual men and chlamydia and gonorrhea among young women. For more information about this program, go to [www.stdtest.org](http://www.stdtest.org) or [www.sfcityclinic.org](http://www.sfcityclinic.org).

### **STD Prevention and Control Annual Summary**

STD Prevention and Control Services has released its 2008 annual summary showing a 4.7% increase in reported chlamydia and a 55.8% increase in early syphilis in 2008 compared to 2007. No change was seen in reported gonorrhea. In 2008, 4,120 cases of chlamydia, 548 cases of early syphilis and 2,009 cases of gonorrhea were reported to the San Francisco Department of Public Health. The entire 2008 annual summary is available at <http://www.sfdph.org/dph/files/reports/default.asp#annlSTD>.

### **LHH Shuttle Service Begins**

Laguna Honda shuttle service from the Forest Hill Muni station begins December 7, replacing Muni's discontinued 89 bus line. The shuttle will run daily from 7:00 a.m. - 6:00 p.m. which is a service improvement over the 89 line, which stopped at 3:00 p.m.

### **World AIDS Day**

Dr. Katz recognized World AIDS Day and stated that the Health Commission has much to be proud of within the San Francisco HIV service community. One of the many activities sponsored by the DPH to commemorate World AIDS Day was a symposium that encourages the incorporation of HIV testing into medical providers' routine discussion of recommended testing for their patients. Dr. Katz also gave an overview of the FAST program which connects people who have recently learned that they are HIV positive with medical/social service providers at San Francisco General Hospital and Trauma Center.



## **H1N1**

Dr. Katz stated that it is thought that the number of cases for H1N1 in the United States has peaked for the year. The DPH is still urging residents to get vaccinated because it is difficult to predict the trajectory of this disease.

New supplies of the vaccine are being shipped to providers. The DPH will operate an H1N1 Swine Flu Mass Vaccination Clinic open to San Francisco residents who fall into high-risk priority groups (children, pregnant women, and those who are under 65 with chronic illness). The clinic will be held on Tuesday, December 22 from 10:00am-7:00pm at Bill Graham Civic Auditorium.

## **Layoffs**

Layoffs of DPH employees occurred last week. The Board of Supervisors did not have enough votes to restore the positions for a full year but did vote to put the amount worth two month's of DPH salaries on reserve. The Mayor has said there will be no authorization to get these positions back; the cuts are final. Dr. Katz highlighted the severity of the situation and unusual it is to deal with a budget crisis within the same year. He stated that remaining DPH staff have been extremely professional throughout the layoff process and the DPH continues to function well.

Dr. Katz stated that for the month of December, he will spend a majority of his time working as an attending physician at SFGH. He thanked the Commission for their support of this annual effort.

## **Commissioner Comments/Requests for Follow Up:**

The Commission requested a public screening of "LIFE BEFORE THE LIFEBOAT: San Francisco's Courageous Response to the AIDS Outbreak," immediately preceding the 1/19/09 Health Commission meeting at SFGHTC. This documentary profiles intimate conversations between Dr. Paul Volberding and a few of San Francisco's courageous leaders from the earliest days of the AIDS epidemic.

The Bay Area Reporter newspaper has digitalized their obituary section so it is now possible to electronically search for specific obituaries.

## **4) GENERAL PUBLIC COMMENT**

None.

## **5) FINANCE COMMITTEE REPORT**

Commissioner Steven Tierney reported on the activities of the Finance Committee.

### **Action Taken:**

- The Commission (Illig, Melara, Chow, Sanchez, Tierney, Waters) approved the list of contracts. Commissioner Tierney abstained from item 7; Commissioner Melara abstained from item 12.
- The Committee discussed the mid-year cuts and approved a resolution for the full Commission which is discussed in section 7.

Commission Comments/Requests for Follow-Up:

The Commission requests a written report on the cost effectiveness of the CHN-SFGH contract with Search America to be submitted for the December 2010 Finance and Planning Committee meeting.

6) **RESOLUTION JOINING CALIFORNIANS APPLIED FOR PATIENT PROTECTION (CAPP) TO OPPOSE ANY LEGISLATION THAT WOULD REVISE THE MEDICAL INJURY COMPENSATION REFORM ACT (MICRA)**

Jim Soos of the DPH presented the resolution supporting the 1975 MICRA. Please see: <http://www.sfdph.org/dph/files/hc/HCRes/default.asp> for the full text of the resolution.

The discussion yielded the following additional information:

- Costs of health care will likely rise without this act.
- MICRA allows for full coverage related to loss of wages but has cost caps related to issues of pain and suffering;
- Many trial lawyers specializing in medical cases are against MICRA because they often take cases in which they get a percentage of the settlement.

Action Taken:

The resolution was approved by the Commission without modification

7) **FY 2010-11 MAYORS BUDGET INSTRUCTIONS**

Please see the following link for the full presentation of the FY 2010 Mayor's Budget Instructions made by Gregg Sass:

<http://www.sfdph.org/dph/files/hc/HCFinance/minutes/files412012009/MayorsBudgInstructions.pdf>

The following is the schedule and process for the upcoming mid-year budget cuts:

1. The Mayor's Office has instructed the DPH to submit mid-year budget cut targets (\$13.2 M) to the Mayor's Office on 12/4; the Mayor's Office has also instructed the DPH to submit these targets without Health Commission review.
2. The Mayor and Board of Supervisors have made a special agreement that any mid-year cuts proposed by the Mayor will be submitted to Controller's Office which will submit ordinances to the Board that reflect the Mayor's intended cuts. The Board will have 45 days to accept or substitute other reductions that result in the same total amount cut. The Mayor's Office will submit its proposed mid-year Budget Cuts to the Board of Supervisors on 12/11/09; the Health Commission will also receive the Mayor's proposed mid-year budget cuts on 12/11/09;
3. Beilenson (public) Hearings will be held during the 45-day period that the Board has to consider the Mayor's proposed cuts.

Commission Comments/Requests for Follow-Up:

The Commission thanks DPH staff for their dedication and hard work during this challenging time.

The Commission asked to seek legal counsel from the City Attorney on whether it is possible for the Board of Supervisors to hold the Beilenson Hearings instead of the Health Commission because the Board of Supervisors has authority to accept or change the Mayor's proposed cuts, and the Health Commission has no authority in this mid-year budget process.

The 12/15/09 Health Commission meeting agenda will focus on the proposed mid-year budget cuts if the Mayor's Office submits its proposed cuts by 12/11/09; the San Francisco General Hospital Trauma Center Annual Report meeting initially scheduled for 12/15/09 has been moved to 1/19/10.

Public Comment:

Ed Warshauer of SEIU agreed with the Health Commissioners that the Board of Supervisors should hold the Beilenson hearings instead of the Health Commission.

He also stated that there are DPH/City staff who have been demoted to a lower class but are still performing the same work duties they had when in their higher class of positions. He stated that this situation is corrosive to the workforce and illegal. He urged the DPH and City to pursue other solutions.

This Following Proposed Resolution Was Approved by the Finance Committee and Was Presented to the Full Health Commission by Commissioner Tierney:

**WHEREAS THE MID-YEAR AND ANNUAL CUTS THAT MUST BE TAKEN ARE NOT BASED ON PUBLIC HEALTH NEEDS BUT ON REALISTIC FISCAL REALITY, AND**

**WHEREAS THE INITIAL REDUCTION TARGETS FOR DEPARTMENTS ARE NOT APPROPRIATELY PRIORITIZED ACROSS THE CITY, THEREFORE BE IT RESOLVED, THAT THE COMMISSION DIRECTS DR. KATZ AND HIS STAFF TO PROPOSE A SUSTAINABLE SYSTEM OF CARE THAT MEETS OUR FINANCIAL OBLIGATIONS AND REFLECTS THE HEALTH COMMISSION AND DPH PRIORITIES TO THOSE MOST IN NEED IN SAN FRANCISCO.**

**FURTHER RESOLVED THAT THE HEALTH COMMISSION IS COMMITTED TO WORKING CLOSELY WITH DR. KATZ, THE MAYOR, AND THE BOARD OF SUPERVISORS TO PROTECT THIS SUSTAINABLE SYSTEM OF CARE.**

Commission Comments/Requests for Follow-Up:

Shrinking the entire service system requires strategic planning and design of a system that maintains the quality and integrity of Public Health needed in San Francisco. The alternative option, across-the-board cuts, weakens the entire service system.

Action Taken:

The resolution was approved by the Commission. A copy will be sent to the Mayor and Board of Supervisors.

**8) UPDATE ON STATUS OF DPH AMERICAN RECOVERY AND REINVESTMENT ACT FUNDING**

Please see the following link for the full presentation of the ARRA update made by Gregg Sass:  
<http://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2009/files412012009/ARRAupdateMemo12012009.pdf> .

The discussion yielded the following additional information:



- Federal Medical Assistance Percentages (FMAP) funds serve to reduce the DPH's use of the General Fund.
- One San Francisco project that FMAP will fund is the renovation of the City owned 25 Van Ness building with a focus on preparations for HIV Vaccine Trials coordinated by the HIV Research Unit.
- SFrecovery.org is a site that tracks how federal stimulus money is being spent in San Francisco.
- As part of the extensive vetting process for the eClinical Works ambulatory electronic medical record, the DPH met with other users of the system including San Mateo County. DPH owns licenses to the product and hopes to install the software at SFGHTC in 2011-2012. This software is vital to DPH filing for and receiving various incentive payments.
- A DPH representative is attending the San Francisco Health Information Exchange meetings in an attempt to insure DPH clinical data will be compatible for uploads to other local hospitals and clinics.

9) **OTHER BUSINESS**

There will be a resolution at the 12/15/09 meeting regarding a proposed change of Committee structure.

**JOINT CONFERENCE COMMITTEE REPORTS**

None.

**COMMITTEE AGENDA SETTING**

None.

13) **ADJOURNMENT**

The meeting was adjourned at 5:37pm.

---

Mark Morewitz  
Health Commission Executive Secretary

James M. Illig  
President

Sonia E. Melara, MSW  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
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## HEALTH COMMISSION

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### AGENDA HEALTH COMMISSION MEETING

Tuesday, December 15, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300 or ROOM 302  
San Francisco, CA 94102

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- 1) CALL TO ORDER
- 2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF NOVEMBER 17, 2009 AND DECEMBER 1, 2009  
*\*Minutes of the meetings of 11/17/09 and 12/1/09 .*
- 3) GENERAL PUBLIC COMMENT\*\*
- 4) FOR DISCUSSION: DIRECTOR'S REPORT  
(Mitchell H. Katz, M.D., Director of Health)  
(Report on activities and operations of the Department)  
*\*Director's Report*
- 5) FOR DISCUSSION AND PROPOSED ACTION: PRESENTATION OF MID-YEAR BUDGET REDUCTIONS AND CONSIDERATION OF A RESOLUTION MAKING FINDINGS  
(Gregg Sass, Chief Financial Officer)  
*\*Draft Resolution*
- 6) OTHER BUSINESS\*\*\*  
  
FOR DISCUSSION: JOINT CONFERENCE COMMITTEE REPORTS  
  
FOR DISCUSSION AND POSSIBLE ACTION: COMMITTEE AGENDA SETTING
- 8) ADJOURNMENT





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- \*\*\* Opportunity where Commissioners, the Director, and the public may bring up topics for discussion, providing that any action is delayed until proper notice can be granted.

### **Accessible Meeting Policy**

San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22<sup>nd</sup> Street. There is a direct phone link located at the elevator for those who require assistance. There is accessible parking in the San Francisco General Hospital I Lot, which is adjacent to Carr Auditorium, and also on 22<sup>nd</sup> Street. The Hospital is accessible by wheelchair-friendly MUNI lines #9 San Bruno, #9X San Bruno Express, #19 Polk (stops 2 blocks away, #33 Haight Ashbury and #48 Quintera. For further information regarding MUNI transportation, please call 923-6142, 673-MUNI and 923-6366 (TDD).

American Sign Language interpreters and readers and/or language interpreters are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

### **Cell Phone and/or Sound Producing Electronic Device Usage at Hearings**

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

### **San Francisco Lobbyist Ordinance**

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; and web site: [www.sfgov.org/ethics](http://www.sfgov.org/ethics).



### **Know Your Rights Under the Sunshine Ordinance**

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at [sotf@sfgov.org](mailto:sotf@sfgov.org). Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at <http://www.sfgov.org/sunshine.htm>.





James M. Illig  
President

Sonia E. Melara, MSW  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO  
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.  
Director of Health

Mark Morewitz, MSW  
Executive Secretary

TEL (415) 554-2666  
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### MINUTES

#### HEALTH COMMISSION MEETING

Tuesday, December 15, 2009

At

4:00 p.m.

101 GROVE STREET, ROOM 300  
San Francisco, CA 94102

#### 1) CALL TO ORDER

Commissioner Illig called the meeting to order at 4:04pm

Present: Commissioner James Illig, President  
Commissioner Sonia E. Melara, Vice President  
Commissioner Edward A. Chow, M.D.  
Commissioner David J. Sanchez, Jr., Ph.D.  
Commissioner Steven Tierney, Ed.D.

Absent: Commissioner Margine Sako (excused)  
Commissioner Catherine Waters (excused)

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#### 2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF NOVEMBER 17, 2009 AND DECEMBER 1, 2009.

The minutes of the November 17, 2009 and December 1, 2009 Health Commission meetings were approved without changes.

The Commission requested that a copy of resolutions passed at Health Commission meetings be attached or included in the corresponding minutes.

### 3) **DIRECTOR'S REPORT**

Please see the following link for full text of the Director's Report:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp>

#### **CMS Moves Deadline to Correct Deficiencies**

On Thursday, December 3, SFGH received the documentation of findings from its full validation CMS Survey from September 29 – October 8, 2009. There were a total of 64 findings with six Conditions of Participation out of compliance. An interdisciplinary team is working diligently to correct these findings, including an aggressive outreach to staff to inform them of the new deadline. Dr. Katz stated that regulatory bodies are constantly changing various requirements and is confident that Ms. Currin and her competent staff will complete the necessary tasks (*See JCC Minutes for more information*).

Commissioner Chow stated that after hearing the CMS Survey findings at the SFGH JCC, he spoke to the Institute of Medical Quality to get clarification on the situation. The current CMS assessment process does not make a clear distinction between validation and accreditation which are different processes. The Joint Commission is working at a national level so that the conditions of participation will be assessed separately. CMS was looking for validation that the Health Commission, through the SFGH JCC, is doing its job as governing body.

#### **2009 California State Legislative Bill Chart**

The California legislature has adjourned from its regular session for the year completing the first year of the two-year 2009-10 legislative session. It is due to reconvene on January 4, 2010.

#### **Mass H1N1 Swine Flu Vaccine Clinic Scheduled for December 22**

The Department is finalizing plans to host a mass H1N1 Swine Flu Vaccine clinic on Tuesday, December 22, from 10 a.m. - 7 p.m. at Bill Graham Auditorium. It anticipates nearly 300 volunteers and 40 vaccinators will dispense 16,000 free doses of the H1N1 swine flu vaccine next Tuesday. Dr. Katz stated that San Francisco is still using the priority list for distribution of the H1N1 vaccine due to the limited supply of the vaccine. After the December 22<sup>nd</sup> vaccination clinic, the DPH will assess how to distribute the remaining supply.

#### **Hearing on Medical Cannabis Operating Rules**

On January 6, 2010, the DPH Environmental Health division will host a hearing on a set of proposed regulations for Medical Cannabis Dispensaries.

#### **Community Forum Discusses Future of HIV Vaccine Research**

The recently-released results from an AIDS vaccine study in Thailand showed that participants who received the vaccine had 31% fewer HIV infections than those who received placebo. As a follow up to this vaccine trial outcome, the DPH HIV Research Section partnered with over ten community agencies at a public forum on December 9 at the GLBT Center to discuss this important news.

#### **Sacramento Legislative Staff Tour SFGH and Meet with HealthySF**

SFGH hosted a delegation of California legislative staff who are participating in a California Legislative Staff Education Institute series on health care. The program strives to better acquaint them with health care delivery in the field, and the impact of policy decisions made in Sacramento.

#### **LHH Begins Organizational Effectiveness Initiative**



For the next 10 months, Laguna Honda will be working closely with Lumetra Healthcare Solutions and B&F Consulting to develop new ways of meeting the needs of residents as the staff and residents move into the new facility.

### Stop Smoking Event

On November 19th, *BUTT OUT! Ending Tobacco Industry Exploitation of the LGBT Community* marked the Gay American Smoke-out by staging a public spectacle to draw attention to the impact of Big Tobacco on the LGBT community. For more information about the rally see this piece in the Bay Times. [http://www.sfbaytimes.com/?sec=article&article\\_id=11919](http://www.sfbaytimes.com/?sec=article&article_id=11919).

### CDCP Website Visitors to [www.sfcdep.org](http://www.sfcdep.org)

The DPH is able to track the number of visitors to its website. From September through November 2009, nearly 110,000 visitors logged onto the DPH flu vaccine pages. During the first day of the mass vaccine clinics in October, the number of visitors was 6600.

### Health Educators Present Work at APHA

Several staff from the Community Health Education Section presented their work at the American Public Health Association (APHA) conference in Philadelphia in November.

### STD Research Articles Published

Two articles authored by STD staff appeared in journal articles this month. The first article, "Rectal Gonorrhea and Chlamydia Reinfection Is Associated With Increased Risk of HIV Seroconversion," was published in *JAIDS*.

The second article, "Chlamydia trachomatis and Neisseria Gonorrhea Transmission from the Oropharynx to the Urethra among Men who have Sex with Men," was published in the *Journal of Clinical Infectious Disease*.

## COMMUNITY HEALTH NETWORK SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER

### December 2009

### Health Commission - Director of Health Report (12/07/09 MEC)

	12/09	07/09 to 06/10
<b>New Appointments</b>	<b>4</b>	<b>113</b>
Reinstatements	3	1
<b>Reappointments</b>	<b>55</b>	<b>219</b>
Delinquencies:		
Reappointment Denials:	0	0
<b>Resigned/Retired:</b>	<b>12</b>	<b>95</b>
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
<b>Deceased</b>	<b>0</b>	<b>0</b>

**Changes in Privileges**

Additions	2	31
Voluntary Relinquishments	6	24
Proctorship Completed	48	64
Proctorship Extension	0	0

**Current Statistics – as of 11/17/2009**

Active Staff	516
Courtesy Staff	587
Affiliated Professionals (non-physicians)	243
TOTAL MEMBERS	1,346

Applications In Process	12
Applications Withdrawn Month of Dec 2009	0
SFGH Reappointments in Process 1/2010 to 03/2010	155

**New Laguna Honda Hospital Medical Director**

Dr. Katz announced that Dr. Colleen Riley is the new Medical Director at LHH. Dr. Riley has a long history of providing superb care to patients at LHH. She is well respected by colleagues and staff at LHH. Dr. Katz welcomed Dr. Riley and wished her well in the new position.

**4) GENERAL PUBLIC COMMENT**

None.

**5) PRESENTATION OF MID-YEAR BUDGET REDUCTIONS AND  
CONSIDERATION OF A RESOLUTION MAKING FINDINGS**

Please see *Attachment 1* for full presentation made by Gregg Sass.

Mr. Sass presented the \$7.42 M mid-year budget reduction plan approved by the Mayor. The DPH attempted to minimize program reductions when possible. A portion of the budget reduction plan is derived from eliminating General Fund backfill of State-related reductions in funding.

The \$450,000 in proposed substance abuse cuts were taken from existing programs that did not get funded in the most recent RFP. The DPH will be closing these programs as soon as it is feasible to do so.

Commissioner Illig stated that the Health Commission welcomes public comment and reiterated the budget process for those in attendance. He stated that the Board of Supervisors has decision-making authority over final mid-year budget cuts and will hold Beilenson Hearings within the next 45 days. He also stated that the DPH has to cut over \$100 M for the 2010-2011 Budget.

### Public Comment

Rebecca Rolfe provided public comment regarding the proposed cuts to the LGBT Community Center SNAP Program. She stated that the SNAP program serves a unique client base. Many of the SNAP Program's clients have co-indicators of risky sexual behavior, substance abuse, are HIV infected, and are People of Color. Many of the clients are new to San Francisco and have little to no resources to assist them. She encourages a reconsideration of the proposed cut so this program can continue serving its clients.

Anthony Philip provided public comment regarding the proposed cuts to the LGBT Community Center SNAP Program. He stated that the program provides HIV 101 risk reduction counseling, social networking, and peer education using volunteers. He read a letter from a client who stated that the program helped him develop tools to deal with his HIV status and to access services.

David Gonzalez provided public comment regarding the proposed cuts to the LGBT Community Center SNAP Program. He is the HIV Services Director and a member of the HPPC. He read a letter from a client who stated how important this program is to the clients it serves.

Joshua Shrader provided public comment regarding the proposed cuts to the LGBT Community Center SNAP Program. He stated that he first connected to the program when he was new to San Francisco. The program has encouraged him to gain real-life coping skills and to make healthy lifestyle choices.

Stephen Ouellette provided public comment regarding the proposed cuts to LGBT Community Center SNAP Program. He stated that he works at UCSF AHP and has observed that people new to San Francisco need assistance with finding their way in San Francisco so that they do not turn to substance abuse or risky sexual behavior as a way to cope. UCSF AHP has partnered with the SNAP Program to conduct drop-in groups and he feels the program is an asset.

Mary Howe provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She is the founder and Director of HYA and stated that the program received a ninety-eight on the last DPH monitoring. Eliminating this program will negatively impact the many at-risk youth that rely on these services for their survival.

Lani Riccobuoro provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She is an Outreach Counselor and feels that the budget should not be balanced on the backs of vulnerable populations. Most services are not appropriate for homeless youth to access and HYA provides a vital function to its client population.

Khristine Jones provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She is an Outreach Counselor and was previously homeless. She stated that without HYA, she would not be sober and functional today.

Nina Willer provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She is concerned that by cutting these funds, the public health community will stop learning why this population exists.

Rob provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). He is homeless and new San Francisco resident. The program has shown him resources for how to survive.



Candice provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She stated that this may be an opportunity to find other ways to fundraise.

Fernando provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). He stated that when he first came to San Francisco, HYA helped him survive. He is now signed up with Healthy SF and is connected to services.

Suzanne Rivecca provided public comment regarding the proposed cuts to the Homeless Youth Alliance (HYA). She read a quote from the DPH report "Project Story, an HIV Prevention Survey," which commended HYAC for being comprehensive in its service provision to a vulnerable population. She stated that HYA will lose the context for health discussions if it becomes just a needle exchange.

Winnette Allen provided public comment regarding the proposed cuts to SFGH. She stated that there will be impact on staff if the proposed sub-acute unit conversion takes place. The closure of unit 6b has led to more patients and longer waits in the psychiatric emergency room. In addition, SFGH cannot accept acute-psychiatric patients from other hospitals and the conversion would eliminate the use of seclusion rooms and restraints, which are sometimes necessary.

Margaret Matchin provided public comment regarding the proposed cuts to the Larkin Street Youth Services. She is an HIV Senior Specialist and shared a story about a homeless client named Jake who came to Larkin in need and is now an HIV Test Counselor.

Lara Tannenbaum provided public comment regarding the proposed cuts to the Larkin Street Youth Services. She is the Director of Health Services and stated that homeless youth is a high risk group even if it is not defined as an HPPC BRP. The vulnerability of these homeless youth make them high risk due to their reliance on survival sex, and frequent use of intravenous drugs and unprotected sex. The proposed cuts will eliminate prevention services for these clients.

Desmond Miller provided public comment regarding the proposed cuts to Larkin Street Youth Services. He is Manager of the agency's testing and prevention services. He is concerned that without HIV prevention, the rate of HIV transmission will increase in this population.

Joan Benoit provided public comment regarding the proposed cuts to the Native American AIDS Project. She stated that they suffered significant cuts in 2008 and 2009. The current proposed cuts will eliminate their ability to provide prevention services. This program is the only one in San Francisco providing prevention to Native Americans.

Ruben Garcia, from the SEIU 1021, urged the Commissioners and DPH to take a stand against these cuts and to tell the Mayor that the City's priorities need to be revisited; he also encouraged the group to look at new sources of revenue so reduce the need for budget cuts in the future.

Pablo Campos, member of the HPPC, provided public comment regarding the proposed cuts to the Native American AIDS Project. He stated that culturally appropriate services cannot be provided elsewhere.

Melinda McLain provided public comment regarding the proposed cuts to the Ark of Refuge. She is an Associate Pastor and stated that the program served a highly specialized population of young

transgendered and same-gender loving homeless people. She explained that they had DPH approved plans in place to move their services to another site which would have reduced costs.

Robert Stanley provided public comment regarding the proposed cuts to the Ark or Refuge. He has been a resident for about a year and is now financially stable and living a “stronger” life. The program helped him mentally and spiritually.

Yvette Flunder, Executive Director of Ark of Refuge, provided public comment regarding the proposed cuts to the Ark or Refuge. She clarified that the DPH encouraged the agency not to take more clients during the transition and that they currently have approximately one hundred people on the service wait-list. Ark of Refuge has been working on plans for permanent housing with the DPH but just found out about these proposed cuts last Friday.

Jasmine Guinez provided public comment regarding the proposed cuts to the Ark or Refuge. She is a former resident of this program and stated that it was extremely helpful in so many ways.

Sammie provided public comment regarding the proposed cuts to the St. James Infirmary. He stated that the cuts will mean the end of needle exchange. This program gets people in the door and during needed exchange hours, food and community-building is provided. St. James’ clients are people who do not usually access services because they are sex workers.

Naomi Akers provided public comment regarding the proposed cuts to the St. James Infirmary. She stated that this is the only full-spectrum clinic for sex workers. In the last six months, the program has laid-off seventy percent of its workforce. Losing DPH funds takes away the ability to leverage other funding.

Brad Vanderbilt provided public comment regarding the proposed cuts to the St. James Infirmary. He does development work for the agency and stated that Gay/Bi-sex workers are isolated from gay-identified health care access. Those clients who are doing sex work for survival are at higher risk for having unsafe sex and using substances. He also stated that 70% of sex workers do not disclose their sex work to health providers.

Amber L Gray provided public comment regarding the proposed cuts to the Ark or Refuge. She is a Prevention Provider and has worked at the program for 10 years. She wants to encourage the Health Commission and DPH to provide a safety net for the “throw-away” youth populations.

Dr. Eddy Machtinger provided public comment regarding the proposed cuts to the UCSF Positive-She HIV Prevention Program. He stated the program is inexpensive and effective in providing services to African American and Latino women-born women and transgendered women who are at high risk. The proposed reductions will result in the program closure.

Sherilyn Adams provided public comment regarding the proposed cuts to the Larkin Street Youth Services. She stated that although the HPPC BSM prioritized categories do not include Youth, it is a very high-risk population. The proposed cuts will destroy services for homeless youth.

Brenda Barros provided public comment regarding the proposed cuts. She stated that she is a Health Worker and commends all Health Workers for the important and effective work they do. She encouraged the Commission to stop the Mayor from forcing unfair DPH cuts while holding some City departments as “sacred cows” that get a reduced rate of reductions each year.



Daniel Linn provided public comment regarding the proposed cuts to the Homeless Youth Alliance. He was homeless on Haight Street for 10 years. The program helped him get off drugs and put his life back together. Without Needle Exchange, he may have gotten Hepatitis B/C or HIV.

Jessica Sorraag provided public comment regarding the proposed cuts to the Homeless Youth Alliance. She read a letter that stated the cut in the program would mean homeless youth will suffer.

Claire Howard provided public comment regarding the proposed cuts to the Homeless Youth Alliance. She stated that the program is very important and read a letter from a client that said the program helped the client get a mail box and find a way to get off the street.

Randy Burns provided public comment regarding the proposed cuts to the Native American AIDS Project. As a resident and community advocate of thirty-four years, he wants to advocate for clean and sober space and does not support the budget cuts.

Michael Tong of SEIU 1021 stated that funds are coming to San Francisco through several pieces of legislation but that the Controller will not count the funds as revenue until they are received. In addition, the Board of Supervisors is looking at a 5 cent fee on drinks to increase City revenue.

Terry Harper provided public comment regarding the proposed cuts to the Ark or Refuge. She stated that it does not make sense to close program "right in the center of the madness."

Justin Lee-been provided public comment regarding the proposed cuts to the Ark or Refuge . He stated that the program provides a safe housing and helps provides emotional support.

Fran and Rachel provided public comment regarding the proposed cuts to the Ark or Refuge. They stated that the program is not below UOS or UDC. The census is low only because of DPH-approved plans to move the program site. The program has been effective with the current clients, who are all now enrolled in college.

#### Commissioners' Comments/Follow-Up Action

Commissioner Chow apologized for leaving early and expressed sadness about the long-term effects of these cuts. He thanked those who provided public comment.

The following are comments made by the Commissioners:

- The Commissioners encouraged those who provided public comment to do so at the Board of Supervisors' Beilenson hearings and to continue to advocate for programs they feel are valuable to their communities.
- It is important to understand that the Mayor requested almost double the amount of cuts that the DPH submitted. By submitting only \$7.4M, the DPH saved approximately \$6M in additional cuts.
- The past few years of ongoing budget cuts have been very frustrating to everyone. Many important services to vulnerable populations are being cut which include reductions in the DPH resources that impact the non-profit communities. The Commission is appreciative to



hear the public's concerns and will continue to work with the DPH to find the most suitable solutions for the current and future budget processes.

- The Health Commissioners agreed with several comments that urge the Mayor to reprioritize public health as a valued resource that should not be on the cutting block every six months. Health Commission Resolution 16-09, *Protecting a Sustainable System of Care During Ongoing Fiscal Crisis*, was read aloud to reiterate this point.
- The HIV Prevention cuts derived from the State originally cutting these services. The City initially planned on using GF to cover these services, but in the current budget crisis, this is not possible.
- In response to a question from the Commission regarding the Tenderloin Health cut, Barbara Garcia responded that this cut originated at the state level. The program had already been on probation and had transferred its clients and therefore was considered a candidate for the cut.
- There may be funds from Office of Minority Health available in the future that may assist some programs with funding. In addition, there are various foundation networks that focus on specific issues/populations which may be of some help in providing a safety net. In this current tenuous fiscal period, programs are encouraged to utilize all resources available for funding of services.
- The Commission wants youth to feel there is hope and support for them in San Francisco.
- The Commission requested a DPH report-back by March, 2010 regarding how the populations impacted by the mid-year cuts will be provided for within the existing continuum of care.

## **OTHER BUSINESS**

### **JOINT CONFERENCE COMMITTEE REPORTS**

See 12/8/09 JCC Meeting Minutes.

### **COMMITTEE AGENDA SETTING**

The following resolution was passed by the Commission:

**Resolved that the Health Commission adopts the following Committee structure to most effectively discuss and act on the public health issues of San Francisco:**

#### **1. Finance and Planning Committee (Formerly the Finance Committee)**

##### **Goals**

- 1) To develop and foster fiscal and health policies that support, encourage and monitor the stated priority goals of the Department;**
- 2) To build and enhance collaboration among the Department, private hospitals and community-based providers to support said goals;**
- 3) To conduct the fiduciary responsibilities of the Commission.**

This committee will meet the first Tuesday of the month at 101 Grove Street, in room #302 or #220 at 2pm.

2. **Community and Public Health Committee (Formerly the Citywide Health Planning and Effectiveness Committee)**

**Goal**

To assure oversight and review of Departmental programs and issues that are not addressed through the San Francisco General Hospital or Laguna Honda Hospital Joint Conference Committees. This includes services provided through Community Programs, and public health and prevention activities of the Department of Public Health.

This committee will meet the third Tuesday of the month at 101 Grove Street, in room #302 or #220 at 2pm.

3. The SFGH Joint Conference Committee will continue operating in its existing structure.
4. The Laguna Honda Joint Conference Committee will continue operating in its existing structure.

7) **ADJOURNMENT**

The meeting was adjourned at 6:16 pm

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Mark Morewitz  
Health Commission Executive Secretary











